

At a term of the Family Court of the  
State of New York, held in and for the  
County of \_\_\_\_\_,  
at \_\_\_\_\_, New York,  
on \_\_\_\_\_,

PRESENT :

Hon. \_\_\_\_\_  
Judge/Support Magistrate

.....  
In the Matter of a Proceeding for Support  
under Article \_\_\_\_\_ of the Family Court Act

File No.

Docket No.

ORDER OF SUPPORT  
(Adult Dependent(s))

S.S.#: xxxx-xx-\_\_\_\_\_

Petitioner,

Check applicable box:  
 Respondent Present  
 By Default

-against-

Respondent.

S.S.#: xxxx-xx-\_\_\_\_\_

**NOTICE:** YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY RESULT IN COMMITMENT TO JAIL FOR A TERM NOT TO EXCEED SIX MONTHS FOR CONTEMPT OF COURT OR PROSECUTION FOR CRIMINAL NON-SUPPORT. YOUR FAILURE TO OBEY THIS ORDER MAY RESULT IN SUSPENSION OF YOUR DRIVER'S LICENSE, STATE-ISSUED PROFESSIONAL, TRADE, BUSINESS AND OCCUPATIONAL LICENSES AND RECREATIONAL AND SPORTING LICENSES AND PERMITS; AND IMPOSITION OF REAL OR PERSONAL PROPERTY LIENS.

**NOTICE:** IF YOU WERE NOT IN COURT FOR THE HEARING AND THIS ORDER WAS ISSUED ON DEFAULT, YOU MAY OBJECT OR CHALLENGE THE ORDER BY FILING A MOTION TO VACATE THE ORDER.

**IF YOU WERE IN COURT FOR THE HEARING AND THIS ORDER IS ENTERED BY A JUDGE,** PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT, AN APPEAL FROM THIS ORDER MUST BE TAKEN WITHIN 30 DAYS OF RECEIPT OF THE ORDER BY APPELLANT IN COURT, 30 DAYS AFTER SERVICE BY A PARTY UPON THE APPELLANT, OR 35 DAYS FROM THE DATE OF MAILING OF THE ORDER TO APPELLANT BY THE CLERK OF COURT, WHICHEVER IS EARLIEST.

**IF YOU WERE IN COURT FOR THE HEARING AND THIS ORDER IS ENTERED BY A SUPPORT MAGISTRATE, SPECIFIC WRITTEN OBJECTIONS TO THIS ORDER MAY BE FILED WITH THIS COURT WITHIN 30 DAYS OF THE DATE THE ORDER WAS RECEIVED IN COURT OR BY PERSONAL SERVICE, OR IF THE ORDER WAS RECEIVED BY MAIL, WITHIN 35 DAYS OF THE MAILING OF THE ORDER.**

The above-named Petitioner having filed a petition, dated \_\_\_\_\_, \_\_\_\_\_, alleging that the above-named Respondent is chargeable with the support of [specify adult dependent(s)]:  
(and) \_\_\_\_\_ ; \_\_\_\_\_ and

[Check applicable box]:

Respondent having appeared before this Court to answer the petition and to show why an order of Support and other relief requested in the petition should not be granted; and Respondent, after having been advised of the right to counsel, having  denied  admitted the allegations of the petition;

OR

Respondent having failed to appear before this Court or to answer the petition after having been properly served; and

The matter having duly come on to be heard before this Court;

**NOW, after examination and inquiry into the facts and circumstances of the case (and after hearing the proofs and testimony offered in relation thereto), the Court finds that:**

The following adult dependent(s) are under the age of 26, reside(s) with [specify name]: \_\_\_\_\_, and is/are principally dependent upon [specify name]: \_\_\_\_\_ for maintenance;

NAME

DATE OF BIRTH

The adult dependent(s) is/are developmentally disabled as defined under subdivision twenty-two of section 1.03 of the mental hygiene law. The finding of such disability is supported by a diagnosis and accompanying report of a physician, licensed psychologist, registered professional nurse, licensed clinical social worker, or a licensed master social worker under the supervision of a physician, psychologist or licensed clinical social worker authorized to practice under title eight of the education law, and acting within their lawful scope of practice;

The basic support obligation for support of the following adult dependent(s) is \$\_\_\_\_\_

The following parent [specify name]: \_\_\_\_\_, is the residential parent, whose pro rata share of the basic support obligation is \$\_\_\_\_\_;

The following parent [specify name]: \_\_\_\_\_, is the non-residential parent, whose pro rata share of the basic support obligation is \$\_\_\_\_\_;

And the Court finds further that [check applicable box]:

The non-residential parent's pro rata share of the basic support obligation is neither unjust nor inappropriate;

Upon consideration of the following factors specified in Family Court Act §413(1)(f): the non-residential parent's pro rata share of the basic support obligation is  unjust  inappropriate for the following reasons [specify]: 1

[Applicable in cases in which the parties stipulated to an order of support]:

And the Court finds further that the parties have voluntarily stipulated to support for the following adult dependent(s)[specify]: payable by

[specify]: to [specify]: in the amount of \$\_\_\_\_\_  weekly  every two weeks  monthly  twice per month  quarterly.

This stipulation has been entered into the record and recites, in compliance with Section 413(1)(h) of the Family Court Act, that:

a. The parties have been advised of the provisions of Section 413(1)of the Family Court Act;

b. The unrepresented party, if any, has received a copy of the support standards chart promulgated by the Commissioner of the N.Y.S. Office of Temporary and Disability Assistance pursuant to Section 111-I of the Social Services Law;

c. The basic support obligation as defined in Family Court Act Section 413(1) presumptively results in the correct amount of support to be awarded;

d. The basic support obligation in this case is \$\_\_\_\_\_  weekly  every two weeks  monthly  twice per month  quarterly; and

e. The parties' reason(s) for agreeing to support in an amount different from the basic support obligation (is) (are) [specify]:

The Court approves the parties' agreement to deviate from the basic support obligation for the following reasons: [See Family Court Act§ 413(1)(f)]:

The name, address, and telephone number of Respondent's current employer(s), are:  
NAME                      ADDRESS                      TELEPHONE

NOW, after examination and inquiry into the facts and circumstances of the case (and after hearing the proofs and testimony offered in relation thereto), it is

ORDERED AND ADJUDGED that the above-named Respondent is chargeable with the support of the following adult dependent(s) and is possessed of sufficient means and able to earn such means to provide the payment of the sum \$ \_\_\_\_\_  weekly  every two weeks  monthly  twice per month  quarterly, such payments to commence on \_\_\_\_\_ ,

\_\_\_\_\_

ORDERED AND ADJUDGED that the above-named Respondent is responsible for the support so ordered from the date of the filing of the petition to the date of this Order (less the amount of \$ \_\_\_\_\_ already paid);

And it is further

ORDERED that commencing on \_\_\_\_\_ the above-named Respondent, upon notice of this Order, pay or cause the above amount(s) to be paid to Petitioner by cash, check, money order, direct deposit or other electronic payment means.

ORDERED that commencing on \_\_\_\_\_ the above-named Respondent, upon notice of this Order, pay or cause the above amount(s) to be paid to [specify name]: \_\_\_\_\_, the Trustee of an exception trust as defined in 42 U.S.C. § 1396p(d)(4)(A) and (C), SSL §366(2)(b)(2)(iii), and EPTL § 7-1.12;

[Check if applicable]:  ORDERED that \_\_\_\_\_ pay to \_\_\_\_\_ the attorney for the other party, the sum of \$ \_\_\_\_\_ as and for counsel fees in this proceeding, which payment may be made in installments of \$ \_\_\_\_\_  weekly  every two weeks  monthly  twice per month  quarterly \_\_\_\_\_, commencing on [specify]: \_\_\_\_\_, \_\_\_\_\_, until the entire sum is paid; and it is further

ORDERED that this Order shall be enforceable pursuant to Section 5241 or 5242 of the Civil Practice Law and Rules, or in any other manner provided by law;

And the Court having determined that [check applicable box]:

The adult dependent(s) are currently covered by the following health insurance plan [specify]: \_\_\_\_\_ which is maintained by [specify party]: \_\_\_\_\_

Health insurance coverage is available to one of the parents or a legally-responsible relative [specify name]: \_\_\_\_\_ under the following health insurance plan [specify, if known]: \_\_\_\_\_, which provides the following health insurance benefits [specify extent and type of benefits, if known, including any medical, dental, optical, prescription drug and health care services or other health care benefits]: \_\_\_\_\_

Health insurance coverage is available to both of the parents as follows:

<u>Name</u>	<u>Health Insurance Plan</u>	<u>Premium or Contribution</u>	<u>Benefits</u>
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No legally-responsible relative has health insurance coverage available for the adult dependent(s), but the adult dependent(s) may be eligible for health insurance benefits under the New York State Medical Assistance Program, or the publicly funded health insurance program in the State where the residential parent resides,

No legally-responsible relative has health insurance coverage available for the adult dependent(s), but the adult dependent(s) are currently enrolled in the New York State Medical Assistance Program,

**IT IS THEREFORE ORDERED** that [specify name(s) of legally-responsible relative(s)]:

- continue to maintain health insurance coverage for the following eligible dependent(s) [specify]: \_\_\_\_\_ under the above-named existing plan for as long as it remains available;
- enroll the following eligible dependent(s) [specify]: \_\_\_\_\_

under the following health insurance plan [specify]: \_\_\_\_\_ immediately  
and without regard to seasonal enrollment restrictions and maintain such coverage as long as it remains  
available in accordance with the Qualified Medical Support Order.

Such coverage shall include all plans covering the health, medical, dental, optical and prescription drug needs of the dependents named above and any other health care services or benefits for which the legally-responsible relative is eligible for the benefit of such dependents; provided, however, that the group health plan is not required to provide any type or form of benefit or option not otherwise provided under the group health plan except to the extent necessary to meet the requirements of Section 1396(g-1) of Title 42 of the United States Code. The legally-responsible relative(s) shall assign all insurance reimbursement payments for health care expenses incurred for (his)(her) eligible dependent(s) to the provider of such services or the party having actually incurred and satisfied such expenses, as appropriate;

And the Court further finds that:

The following parent [specify name]: \_\_\_\_\_ is the residential parent, whose pro rata share of the cost or premiums to obtain or maintain such health insurance coverage is \_\_\_\_\_,

The following parent [specify name]: \_\_\_\_\_ is the non-residential parent, whose pro rata share of the cost or premiums to obtain or maintain such health insurance coverage is \_\_\_\_\_;

And the Court further finds that [check applicable box]:

Each parent shall pay the cost of premiums or family contribution in the same proportion as each of their incomes are to the combined parental income as cited above;

Upon consideration of the following factors [specify]:  
pro-rating the payment would be unjust or inappropriate for the following reasons [specify]:  
and, therefore, the payments shall be allocated as follows [specify]:

**OR**

**IT IS THEREFORE ORDERED that** the residential parent [specify name]:  
shall immediately apply to enroll the eligible adult dependent(s) in the New York State Medical Assistance Program or the publicly funded health insurance program in the State where the residential parent resides.

And the Court further finds that:

The residential parent's pro rata share of the cost or premiums to obtain or maintain such health insurance coverage is \_\_\_\_\_,

The non-residential parent's pro rata share of the cost or premiums to obtain or maintain such health insurance coverage is \_\_\_\_\_;

And the Court further finds that [check applicable box]:

Each parent shall pay the cost of premiums or family contribution in the same proportion as each of their incomes are to the combined parental income as cited above;

Upon consideration of the following factors [specify]:  
pro-rating the payment would be unjust or inappropriate for the following reasons [specify]:  
and, therefore, the payments shall be allocated as follows [specify]:

ORDERED, that [specify name]: shall execute and deliver to [specify name]: any forms, documents, or instruments to assure timely payment of any health insurance claim for the adult dependent(s); and it is further

ORDERED that upon a finding that the above-named legally-responsible relative(s) willfully failed to obtain health insurance benefits in violation of [check applicable box(es)]:  this order  the medical execution  the qualified medical support order, such relative(s) will be presumptively liable for all health care expenses incurred on behalf of the above-named defendant(s) from the first date such adult dependent(s)  was  were eligible to be enrolled to receive health insurance benefits after the issuance of such order or execution directing the acquisition of such coverage; and it is further

ORDERED that [specify]: the legally-responsible relative(s) herein, shall pay (his)(her) pro rata share of future reasonable health expenses of the adult dependent(s) not covered by insurance by [check applicable box]:  direct payments to the health care provider  other [specify]: ; and it is further

ORDERED that, if health insurance benefits for the above-named adult dependent(s) not available at the present time become available in the future to the legally-responsible relative(s), such relative(s) shall enroll the dependent(s) who are eligible for such benefits immediately and without regard to seasonal enrollment restrictions and shall maintain such benefits so long as they remain available; and it is further

[Check applicable box(es):

ORDERED that , the non-residential parent herein, pay the sum of \$\_\_\_\_\_ as  his  her proportionate share of reasonable adult dependent care expenses, to be paid as follows: ; and it is further

ORDERED that , the non-residential parent herein, pay the sum of \$\_\_\_\_\_ as educational expenses by  direct payment to the educational provider  other [specify]: ; and it is further

- ORDERED that [specify party or parties; check applicable box(es): purchase and maintain  life and/or  accident insurance policy in the amount of [specify]: \_\_\_\_\_ and/or
- maintain the following existing  life and/or  accident insurance policy in the amount of [specify]: \_\_\_\_\_ and/or
- assign the following as  beneficiary  beneficiaries [specify]: to the following existing  life and/or  accident insurance policy or policies [specify policy or policies and amount(s)]: \_\_\_\_\_.

In the case of life insurance, the following shall be designated as irrevocable beneficiaries [specify]: \_\_\_\_\_ during the following time period [specify]: \_\_\_\_\_.

In the case of accident insurance, the insured party shall be designated as irrevocable beneficiary during the following time period [specify]: \_\_\_\_\_.

The obligation to provide such insurance shall cease upon the termination of the duty of [specify

party]: \_\_\_\_\_ to provide support for each adult dependent; and it is further

ORDERED that the support obligor, the non-residential parent, is directed to:

seek employment

participate in job training, employment counseling, or other programs designed to lead to employment [specify program]:

ORDERED that [specify]:

ENTER

Dated: \_\_\_\_\_, \_\_\_\_\_ (Judge of the Family Court)(Support Magistrate)

Check applicable box:

Order mailed on [specify date(s) and to whom mailed]: \_\_\_\_\_

Order received in court on [specify date(s) and to whom given]: \_\_\_\_\_

**INFORMATION CONCERNING COST OF LIVING ADJUSTMENTS AND MODIFICATIONS**

EACH PARTY HAS A RIGHT TO SEEK A MODIFICATION OF THE SUPPORT ORDER UPON A SHOWING OF: (I) A SUBSTANTIAL CHANGE IN CIRCUMSTANCES; OR (II) THAT THREE YEARS HAVE PASSED SINCE THE ORDER WAS ENTERED, LAST MODIFIED OR ADJUSTED; OR (III) THERE HAS BEEN A CHANGE IN EITHER PARTY'S GROSS INCOME BY FIFTEEN PERCENT OR MORE SINCE THE ORDER WAS ENTERED, LAST MODIFIED, OR ADJUSTED; HOWEVER, IF THE PARTIES HAVE SPECIFICALLY OPTED OUT OF SUBPARAGRAPH (II) OR (III) OF THIS PARAGRAPH IN A VALIDLY EXECUTED AGREEMENT OR STIPULATION, THEN THAT BASIS TO SEEK MODIFICATION DOES NOT APPLY.

PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT. AN APPEAL FROM THIS ORDER MUST BE TAKEN WITHIN 30 DAYS OF RECEIPT OF THE ORDER BY APPELLANT IN COURT, 35 DAYS FROM THE DATE OF MAILING OF THE ORDER TO APPELLANT BY THE CLERK OF THE COURT, OR 30 DAYS AFTER SERVICE BY A PARTY, WHICHEVER IS EARLIEST.