

**In the Court of Common Pleas  
Guernsey County, Ohio  
Domestic Division**

**NOTIFICATION ORDERS TO OBLIGOR AND OBLIGEE**

\_\_\_\_\_  
Plaintiff/Petitioner 1

DOB: \_\_\_\_\_

vs.

\_\_\_\_\_  
Defendant/Petitioner 2

DOB: \_\_\_\_\_

TO: \_\_\_\_\_  
(OBLIGOR)

Case No.: \_\_\_\_\_

SETS No.: \_\_\_\_\_

**READ THIS ORDER**

You may have important continuing obligations

The Court finds:

\_\_\_\_\_ That you have been Ordered to pay support in this case. **TAKE NOTICE THAT A WITHHOLDING ORDER** has been issued to your employer/income stream for payment under this support order. A copy of this Order is attached.

\_\_\_\_\_ That you have been **Ordered** to enroll your dependent child(ren) in the group healthcare plan available through your employment. Your employer has received notice of such Order. A copy of this notice is attached. You are **Ordered** to show proof of your enrollment in writing to the Guernsey County Child Support Enforcement Agency (hereinafter "Agency") within 30 days of the date of this Order. Further, you are **Ordered** to provide the necessary medical card and claim forms to the residential parent and legal custodial or primary residential parent of the child(ren). Further, you are **Ordered** to direct the insurer to pay all reimbursement of claims to the said residential parent. Coordination of multiple plan coverage is by O.R.C. Section 3902.13.

\_\_\_\_\_ That you have been **Ordered** in your Decree to enroll your dependent child(ren) in a group health care plan available to you within your locality. You are Ordered to show proof of your enrollment in writing to the Agency within 30 days of the date of the Decree. You are to provide medical card and claim forms to the residential parent and legal custodian or the primary residential parent if you are the non-residential parent or the other residential parent. Further, you are to instruct your insurer that all claims reimbursements are to be made to the residential parent and legal custodian or to the primary residential parent. Coordination of multiple plan coverage is by O.R.C. Section 3902.13 if the Decree requires both parents to obtain separate health care insurance coverage.

\_\_\_\_\_ You have been **Ordered** in your Decree to enroll your dependent child(ren) in a group health care plan available to you within your locality. Both parents are **Ordered** to share the expense of the insurance premium. You are **Ordered** to follow the instructions provided in your Decree. The residential parent and legal custodian or the primary residential parent is **Ordered** to show proof of the enrollment within thirty (30) days of the date of the Decree to the Agency and is to be the holder of the medical card claim forms and is to be the recipient of all reimbursements resulting from any claims filed.

YOU ARE HEREBY **ORDERED** to notify this Court, **in writing**, immediately upon the occurrence of any of the following:

1. The commencement, termination or any other change of employment, including self-employment. This notice must include a description of any new employment and the name and business address of any new employer.
2. The receipt of or eligibility to receive any type of income, including but not limited to Worker's Compensation benefits, sick leave benefits, disability benefits, pension benefits, annuity benefits, insurance proceeds, lottery prizes, government (federal, state or local) benefits, trust fund income, endowment fund income, vacation pay, commissions, draws, bonuses and profit-sharing payments or distributions. This notice must include a description of the income, the amount, the schedule of distribution (e.g., weekly, biweekly, twice per month, monthly, etc.), any account or claim number assigned to you, and the name and address of the source of income.
3. The receipt of, or eligibility to receive any type of lump-sum payments or distributions. This notice must include a description of the lump-sum payment or distribution, or any claim or account number assigned to you, the amount of the payment, the date the payment or distribution can or will be made, the name and address of the source of the lump-sum.
4. The opening, closing or other change in any account in a financial institution. This notice must include a description of the account, or other identification number, and the name and address of the financial institution.

Upon the commencement of new employment, you may request that the Court cancel any existing support enforcement order(s) and issue a personal earnings withholding order to your new employer.

FURTHER, upon commencement of new employment, the Court may cancel any existing support enforcement order and will do all of the following:

- a. Issue a personal earnings Withholding Order to your new employer.
- b. Collect on any bond posted by you, if the Court determines that payments due under the support order are in arrears in an amount at least equal to the amount of support due for one month.

You must always advise the Agency, **in writing**, of your telephone number, residence address, mailing address, and of any changes in this information.

**A WILLFUL FAILURE TO SUPPLY A CORRECT ADDRESS, TO PROVIDE THE COURT WITH ALL CHANGES IN EITHER ADDRESS OR TO PROVIDE ANY OF THE NOTICES REQUIRED IN THIS ORDER IS CONTEMPT OF COURT AND SHALL BE PUNISHED AS PROVIDED BY LAW. ANY NOTICE TO BE SENT TO THE COURT UNDER THIS ORDER MUST BE ADDRESSED TO THE GUERNSEY COUNTY CHILD SUPPORT ENFORCEMENT AGENCY, PO BOX 253, CAMBRIDGE, OHIO 43725.**

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TO: \_\_\_\_\_  
(OBLIGEE)

The Court finds:

\_\_\_\_\_ That you are the residential parent and legal custodian or the primary residential parent of the child(ren) in this case and you have been **Ordered** to enroll your children in the group healthcare plan available through your employment. Your employer has received notice of such Order. A copy of this notice is attached. You are **Ordered** to show proof of your enrollment in writing to the Guernsey County Child Support Enforcement Agency (hereinafter "Agency") within thirty (30) days of the date of the Order. Coordination of multiple plan coverage is by O.R.C. Section 3902.13.

\_\_\_\_\_ That you have been **Ordered** in your Decree to enroll you dependent child(ren) in a group healthcare plan available to you within your locality. You are **Ordered** to show proof of your enrollment in writing to the Agency within thirty (30) days of the date of the Decree.

\_\_\_\_\_ You have been **Ordered** in your Decree to enroll your dependent child(ren) in a group health care plan available to you within your locality. Both parents are **Ordered** to share the expense of the insurance premiums. You are **Ordered** to follow the instructions provided in your Decree. The residential parent and legal custodian or the primary residential parent is **Ordered** to show proof of the enrollment within thirty (30) days of the date of the Decree to the Agency and is to be the holder of the medical card, claim forms and is to be the recipient of all reimbursements resulting from any claims filed.

**A WAGE WITHHOLDING ORDER HAS BEEN ISSUED FOR THE PAYMENT OF SUPPORT TO YOU.** A copy of the Withholding Order is attached. Under Ohio Law, O.R.C. Section 2301.35 (J), all Obligees of support orders are considered to be applicants for the services provided under Title IV-D of the "Social Security Act", 88 Stat. 2351 (1975), 42 U.S.C. 651, as amended. Under the Code of Federal Regulations implementing the Title Iv-D program, there must be a formal application on file. The precise format of the application is prescribed by the Federal Office of Child Support Enforcement on its published policy memoranda.

You are hereby **Ordered** to always advise the Agency, **in writing**, of your current mailing address, your current residence address, and of any changes in either address, immediately after such change occurs until further order of this Court.

You, as the residential parent, the legal custodian or primary residential parent, are also **Ordered** to immediately notify the Court of any reason for which the support order should be terminated, including, but not limited to death, marriage, emancipation, incarceration, enlistment in the armed services, deportation, or change of legal or physical custody of the child.

**A WILLFUL FAILURE TO PROVIDE ANY OF THIS INFORMATION AS REQUIRED BY THIS ORDER IS CONTEMPT OF COURT.**

Any notice required by this Entry is hereby **Ordered** to be sent to the following address:

GUERNSEY COUNTY CHILD SUPPORT ENFORCEMENT AGENCY  
P. O. BOX 253  
CAMBRIDGE, OHIO 43725

Keep this copy for future reference. When responding, please include the name of the person obligated to pay support and the case number indicated above.

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JUDGE OF THE COMMON PLEAS COURT  
GUERNSEY COUNTY, OHIO