

SUPERIOR COURT

FAMILY DIVISION

\_\_\_\_\_ Unit

\_\_\_\_\_ Docket No.

**Plaintiff**

**Defendant**

Name	DOB	V.	Name	DOB
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**MEDICAL SUPPORT ORDER**

<b>PLAINTIFF</b>			<b>PLAINTIFF'S EMPLOYER or Source of Funds</b>		
Last-Name	First Name	Initial	Name		
Mailing Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number			Telephone Number		
Social Security Number		Email Address			

<b>DEFENDANT</b>			<b>DEFENDANT'S EMPLOYER or Source of Funds</b>		
Last-Name	First Name	Initial	Name		
Mailing Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number			Telephone Number		
Social Security Number		Email Address			

<b>CHILDREN WHO ARE SUBJECT OF THIS ORDER</b>					
Last Name	First Name.	M.	Date of Birth	Grade	Social Security Number
Last Name	First Name.	M.	Date of Birth	Grade	Social Security Number
Last Name	First Name.	M.	Date of Birth	Grade	Social Security Number
Last Name	First Name.	M.	Date of Birth	Grade	Social Security Number
Last Name	First Name.	M.	Date of Birth	Grade	Social Security Number

**II. TYPE OF HEARING, DEFAULT OR STIPULATION**

This order is entered:	<input type="checkbox"/> after default hearing (when one or more parties fail to appear) <input type="checkbox"/> upon approval of the parties (stipulation filed) <input type="checkbox"/> pursuant to 15 V.S.A. § 660(d)	
Parties Present:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> OCS	<input type="checkbox"/> Plaintiff's Attorney <input type="checkbox"/> Defendant's Attorney <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Plaintiff was not present, but	<input type="checkbox"/> Received notice by personal service on: _____ <input type="checkbox"/> Received notice by certified mail restricted delivery on _____ <input type="checkbox"/> Signed an acceptance of service.
	<input type="checkbox"/> Defendant was not present, but	<input type="checkbox"/> Received notice by personal service on: _____ <input type="checkbox"/> Received notice by certified mail restricted delivery on _____ <input type="checkbox"/> Signed an acceptance of service.

**FINDINGS AND BASIS OF ORDER****II. PARENTAGE**

Parentage has been established as follows:

- The following child(ren) was/were born or adopted during the marriage: \_\_\_\_\_
- A Parentage Order for the following children: \_\_\_\_\_  
was issued on \_\_\_\_\_ by  the Vermont Superior Court  \_\_\_\_\_
- An action has been brought under 15 V.S.A. §293 and there is a legal presumption of parentage for the following child(ren)  
\_\_\_\_\_

Basis for the presumption:	<input type="checkbox"/> The alleged parent failed to submit without good cause to court ordered genetic testing. <input type="checkbox"/> The alleged parents have voluntarily acknowledged parentage under the laws of this state or any other state, by filling out and signing a voluntary acknowledgement of parentage form and filing the completed and witnessed form with the department of health. <input type="checkbox"/> The probability that the alleged parent is the biological parent exceeds 98 percent as established by a scientifically reliable genetic test.
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**III. PARENTAL RIGHTS AND RESPONSIBILITIES**

A.  Plaintiff  Defendant has assigned medical support rights to the state.

B. The parties do not seek a parental rights and responsibilities order.

C. The parties do not seek a child support order.

D. Additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. MEDICAL SUPPORT**

This is the result of a medical support worksheet which is attached and incorporated as findings in this order.

**A. The parties are ordered to pay medical support as follows:**

The  Plaintiff  Defendant is ORDERED to provide and maintain private health insurance for the minor child(ren) as long as the cost of health insurance is deemed reasonable.

Private health insurance is currently unavailable to either party. The plaintiff shall pay a cash contribution toward the cost of health coverage as follows: \$  Per  Beginning:

Private health insurance is currently unavailable to either parent at a reasonable cost. If private health insurance becomes available to either parent at a reasonable cost, that parent shall be responsible for providing and maintaining health insurance for the minor child(ren). Either parent may request a hearing to determine whether the cost of health insurance is reasonable.

**B. Current Medical Support Coverage**

Private health insurance:

Policy or Certificate Number	Name of Subscriber and Relationship to Children
Plan Name and Address	Subscriber ID Number

**C. Child(ren)'s Out of Pocket Medical Expenses**

Medical or other health expenses that are unreimbursed by insurance (including but not limited to expenses for eye, dental, mental health, health plan deductible) shall be shared as follows:

1) The parties shall share unreimbursed expenses as follows: Plaintiff % Defendant %

2) Additional Provisions:

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**D. Additional Medical Support Provisions**

1. If employed, a parent under a medical support order shall notify his/her employer of such obligation, in writing, within 10 days of the date of this order.
2. If self-employed or unemployed, a parent under a medical support order shall notify his/her health care insurer of such obligation in writing within 10 days of the date of this order.
3. A parent is liable for any unreimbursed health care costs of the child(ren) that result from that parent's failure to give notice/obtain insurance as ordered above, which accrues between the date of this order and the date that the order is modified by the Court.
4. If a parent has health insurance through an entity other than his/her employer, that parent shall be responsible for maintaining that insurance and complying with any notice requirements under the policy in effect. Failure to do so will make the parent liable for paying any unreimbursed health care expenses that accrue between the date of this order and the date this order is modified by the Court.
5. If a parent pays a health expense of a child subject to this order and the other parent receives reimbursement from insurance for the expense, the reimbursement shall be sent to the parent who advanced payment, within 30 days of receipt. If the child(ren) also have Medicaid coverage, payment is to be sent to: Office of Health Access, 312 Hurricane Drive, Suite 201, Williston, VT 05495-2806, within 30 days.
6. The parties shall provide each other with copies of bills for health expenses and documentation of insurance determination within 30 days of receipt. The parent who maintains insurance shall also provide the other parent with a health insurance card, claim forms and a list of benefits and restrictions within 10 days of the date of this order.

**V. ARREARS ON PAST DUE MEDICAL SUPPORT/REPAYMENT PROVISIONS****A. Arrears Owed Office of Child Support**

Plaintiff  Defendant shall pay the Office for Child Support as follows:

Beginning Date	Amount		Time Period	Judgment Amount	as of	Date
	\$	per		\$		

The judgment consists of the following past due amounts:

Past Due Cash Contribution towards Medical	Medical Expenses	Other:	Amount of Other
\$	\$		\$

**B. Arrears Owed to  Plaintiff  Defendant**

Plaintiff  Defendant shall pay the other party as follows:

Beginning Date	Amount		Time Period	Judgment Amount	as of	Date
	\$	per		\$		

The judgment consists of the following past due amounts:

Past Due Cash Contribution towards Medical	Medical Expenses	Other:	Amount of Other
\$	\$		\$

**C. Arrears Owed to Other Agency**

Plaintiff  Defendant shall pay to  as follows:

Beginning Date	Amount		Time Period	Judgment Amount	as of	Date
	\$	per		\$		

The judgment consists of the following past due amounts:

Past Due Cash Contribution towards Medical	Medical Expenses	Other:	Amount of Other
\$	\$		\$

VII. Method of Payment

A. WAGE WITHHOLDING ORDER

Any employer of [ ] Plaintiff [ ] Defendant shall deduct the following sum from his/her wages:

Beginning date Amount to be deducted Time Period \$ per

This deducted amount shall be paid directly to: OFFICE OF CHILD SUPPORT, PO BOX 1310, WILLISTON, VT 05495.

B. DIRECT PAYMENT

Based upon [ ] Stipulation of the parties [ ] Evidence presented at hearing

[ ] Plaintiff [ ] Defendant shall make payments directly to the Office for Child Support as follows:

Beginning date Amount to be deducted Time Period \$ per

This amount shall be paid directly to: OFFICE OF CHILD SUPPORT, PO BOX 1310, WILLISTON, VT 05495.

[ ] Plaintiff [ ] Defendant shall make payments directly to the other party as follows:

Beginning date Amount to be deducted Time Period \$ per

C. Additional orders:

Lined area for additional orders

**VII. DURATION OF MEDICAL SUPPORT**

- A. This order shall remain in effect unless and until it is changed or discontinued by further order of the Court or by operation of law.
- B. Unless otherwise specified, a party's support obligation will continue beyond a child's eighteenth birthday if the child is enrolled in, but has not completed high school, unless otherwise specified.
- C. if wage withholding is ordered and an arrearage exists when the support obligation terminates, the current monthly payment and any arrearage repayment plan shall not be reduced until the amount is satisfied.

**The above is stipulated to by the parties:**

Signature of Plaintiff	Date	Signature of Plaintiff	Date
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**Approved as to Form:**

Signature of Defendant's Attorney	Date	Signature of Defendant's Attorney	Date
	Signature of OCS Representative	Date	

<b>It is so ORDERED:</b>	Signature of Magistrate or Superior Court Judge	Date
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	Printed Name of Magistrate or Superior Court Judge
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Assistant Judge	Date	Assistant Judge	Date
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**ACCEPTANCE OF SERVICE**

I have received a copy of this order and I waive all other service.

Plaintiff	Date	Defendant	Date
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**Additional Conditions of Order & Important Notices****A. THIS IS A COURT ORDER**

All parties are expected to comply with all terms of this order.

The address provided to the court shall remain the same for service of future actions and/or orders unless a parent notifies the court of a change.

**B. A PARTY HAS THE RIGHT TO SEEK MODIFICATION OF THE ORDER BY FILING AN ACTION IN COURT**

A parent or any other person to whom support has been granted, or any person charged with support, may file a motion for a modification of a child support order under 15 V.S.A. § 660. **A modification may be granted upon a real, substantial, and unanticipated change of circumstances**, including loss of employment or a considerable reduction or increase in salary or wages. A plaintiff is responsible for any required payments set forth in an order unless the order is vacated or modified by a court. Thus, any subsequent agreement between the parties that differs from the order is not legally binding, and the plaintiff is still legally required to pay the amount ordered by the court. (15 V.S.A. § 663 (e)).

If a child turns 18 and has completed secondary school, and a parent wants to have support changed, s/he must file a motion to modify child support with the court.

**C. RIGHT TO SEEK ENFORCEMENT OF THE ORDER**

1. A party may place liens on real or personal property.
2. A party may request the court to:
  - » place assets in escrow.
  - » grant a civil penalty when noncompliance of the support is willful.
  - » order wage withholding if the support amount is at least 7 days delinquent.
  - » find the Obligor in Contempt if there is willful noncompliance with this order.
  - » impose surcharges on past due child support.

**IN ADDITION TO THE REMEDIES LISTED ABOVE:**

A party has the right to request assistance from the Vermont Office of Child Support in the effort to enforce this order. If the Office of Child Support is or becomes involved in this case, based either on a current or future request for their services, or otherwise, the Office is not limited to but may take the following steps when appropriate:

1. Use any lawful collection remedies to collect any outstanding balance from the Plaintiff, regardless of any repayment plan on any unpaid debts.
2. Certify all qualifying child support debts to the Vermont Tax Department and/or the Federal Treasury Offset Program for the purpose of intercepting tax returns and/or other payments (i.e., vendor payments, passport denial, etc.)
3. Report a Plaintiff's account balance to consumer credit reporting agencies and/or request a copy of the report.
4. Administratively issue a wage withholding order for current support and/or arrearages in excess of 1/12 of the annual support obligation.
5. Freeze bank accounts and take the proceeds to satisfy past due support.
6. Administratively suspend any and all licenses owned by the Plaintiff. This may include, but is not limited to, professional, hunting, fishing, or motor vehicle driver's licenses.

HEALTH INSURANCE AVAILABILITY & COST WORKSHEET

1. Private health insurance is available to:  Defendant  Plaintiff  Neither

	Plaintiff	Defendant
Gross monthly income is	\$	\$
5% gross monthly income is	\$	\$
Total monthly family health insurance cost to employee	\$	\$
Total monthly two person cost to employee	\$	\$
Total monthly single person coverage to employee	\$	\$

2. Private health insurance is deemed reasonable for:  Defendant  Plaintiff because:

The cost of adding the child(ren) to an existing health insurance policy is 5% or less of a parent's gross income as calculated above for  Defendant  Plaintiff

The cost of obtaining coverage for the child(ren) is 5% or less of a parent's gross income as calculated above for  Defendant  Plaintiff

the above referenced cost of health insurance is 5% or more of  Defendant's  Plaintiff's gross income and the court has considered the factors of 15 V.S.A. § 659. Additional findings:

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3. Although the cost of health insurance is 5% or less of a parent's gross income, the  Defendant  Plaintiff is **not ordered** to provide health insurance for the following reasons:

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