STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and
<<CP/CTR NAME>>
     Petitioners,

    vs.

<<NCP NAME>>
    Respondent.

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CSECaseNum>>

FINAL ADMINISTRATIVE <<OPTION 2>> SUPPORT ORDER

The Florida Department of Revenue, Child Support Program (DOR), enters this Final Administrative **<<Option 2>>** Support Order (Final Order) to establish **<<Option 3>>** a support obligation for the child(ren) named in Paragraph 5. We have considered **<<Option 4>>** the financial affidavits we received and/or other reliable information about the income of each parent. We have taken into account the child support guidelines and any relevant deviation factors in section 61.30, Florida Statutes. In this Final Order we refer to <<NCP Name>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).

Findings of Fact and Conclusions of Law

1. The Department of Revenue has subject matter jurisdiction in this proceeding and enters this Final Order as authorized by section**<<Option 5>>** 409.2563, Florida Statutes.

2. DOR is providing Title IV-D child support services for <<CP/CTR Name>>, the **<<Option 6>>** of the child(ren) named in Paragraph 5. **<<Option 6.1>>**

3. There is no support order for the child(ren) named in Paragraph 5. **<<Option 7>>**

4. **<<Option 8>>**

5. The Respondent has a legal duty to contribute to the support of the child(ren) named below because the Respondent is the child(ren)'s parent. **<<Option 9>>**

Child(ren) Name	Date of Birth
<<Child1Name>>	<<Child1DOB>>
<<Child2Name>>	<<Child2DOB>>

<<Option 10>>

6. The child(ren) needs support and the Respondent has the ability to provide support as determined by this Final Order.

7. The child(ren) resides with <<CP/CTR Name>> most of the time. <<CP/CTR Name>> is the child(ren)'s **<<Option 11>>**.

8. This Final Order is being entered without a hearing because **<<Option 12>>**

9. DOR makes the following findings of fact:
   a. The Respondent's **<<Option 13.1>>** net monthly income is $ <<NCP Net Income>> (<<NCP Percent Support Need>> percent of the parents' combined net income).
   b. The Petitioning/other parent's **<<Option 13.2>>** net monthly income is $<<Petitioning Parent's Net Income>> (<<Petitioning Parent's Percent Support Need>> percent of the parents' combined net income).
   c. Monthly child care costs are $<<Monthly Child Care Expense>>.
   d. Monthly health insurance costs for the child(ren) are $<<Monthly Health Insurance Expense>>.

   <<Option 14.1>>
   <<Option 14.2>>

10. The total monthly child support need under Florida's Child Support Guidelines is $<<Total Monthly Child Support Need>>>.

11. The Respondent's guideline share of the total child support need is $<<Current Support>> per month. The amount is based on section 61.30, Florida Statutes, which includes the factors in paragraph 9.

    <<Option 15>>

12. Health insurance for the child(ren) **<<Option 16.1>>** available to the Respondent at reasonable cost through his/her employer, union, or other source and **<<Option 16.2>>** accessible to the child.

    Health insurance for the child(ren) **<<Option 16.3>>** available to Petitioning/other parent at reasonable cost through his/her employer, union, or other source and **<<Option 16.4>>** accessible to the child.

    <<Option 17>>

    <<Option 18>>

13.   **<<Option 19>>**

    <<Option 20>>

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Based upon the Findings of Fact and Conclusions of Law and in accordance with sections 61.30 **<<Option 21>>** and 409.2563, Florida Statutes, it is ORDERED that:

A.   <<NCP Name>> is the legal **<<Option 22>>** parent of <<Child1FullName>>, date of birth <<Child1DOB>>
    <<<NCP Name>> is the legal **<<Option 22>>** parent of <<Child2FullName>>, date of birth <<Child2DOB>>

B.   Starting <<Payment Start Date>> the Respondent shall pay:

    $<<Current Support>> per month current support, plus
    $<<Monthly Retro Support Payment>> per month to reduce the retroactive support amount of
    $<<Net Retro Support Owed>>, for a total monthly payment of
    $<<Total Monthly Payment>>

When the total retroactive support amount and any arrears that accrue after the date of this Final Order are paid, the monthly obligation becomes the current support amount.

C.   All payments must be paid by cashier's check, certified check, money order, or a personal or business check payable to the Florida State Disbursement Unit at the following address:

Florida State Disbursement Unit
<<SDUAddress>>

Cash is not accepted. If a personal or business check is returned, the person who wrote the check may no longer be allowed to pay by check. All payments must be identified with the Respondent's name, the amount of the payment and depository number <<Depository Number>>. The Respondent shall not receive credit for any future support payments made directly to <<CP/CTR Name>> or to the child(ren). Any payment that is not paid when due is considered late and will result in collection action by DOR.

D.   Duration of order. This Final Order stays in effect until:
    (1) Vacated, modified, suspended or terminated by DOR;
    (2) Vacated on appeal; or
    (3) Superseded by a circuit court order.

The current support obligation in Paragraph B is reduced according to the schedule below as each child reaches age 18, dies, marries, or otherwise emancipates, unless the child is dependent in fact, between the ages of 18 and 19, still in high school and performing in good faith with a reasonable expectation of graduating before the age of 19. If payable beyond the age of 18, the current support obligation ends when the child graduates from high school.

<<Option 41>>

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

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E. Health Insurance and Noncovered Medical Expenses. **<<Option 39>>**

The obligation to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren) shall be based on each parent's percentage share of the monthly support obligation as stated in the child support guidelines worksheet(s). The Petitioning/other parent's share is <<CP Percent Support Need>> percent and the Respondent's share is <<NCP Percent Support Need>> percent.

F. Notice of Changes. Within seven (7) days the Respondent shall notify the <<CSE Local Office and Address>> and the Clerk of the Circuit Court in <<County Name>> County at <<Clerk of Court Address>> in writing of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, and driver license number. It will be presumed that the Respondent has received any documents sent by regular U.S. Mail to the most recent mailing address provided.

G. The Respondent's income is subject to immediate income deduction for payment of the support obligations in Paragraph B and any late payments or past-due amounts that accrue after entry of this Final Order. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Order to the State Disbursement Unit until income deduction starts.

H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to DOR, forty percent (40%) of any unemployment compensation which may now or in the future be payable to the Respondent. The amount may not exceed the total amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Order.

<<Option 25>>

Effective Date. This Final Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

DONE and ORDERED this the <<Day,1st,2nd,etc>> day of <<MonthSpelledout>>, 20<<YY>>.

<<Image of Ann Coffin's signature>>
Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically as authorized by section 668.004, Florida Statutes. A copy has been rendered and filed on this date in the office records of the Florida Department of Revenue.

XXXX
XXXX   Copy furnished this date to:
XXXX   <<County Name>> County Clerk of the Circuit Court
XXXX
XXXX   **<<Option 33>>**
XXXX   <<CP/CTR name>>
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NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Administrative Order, the Income Deduction Order, or both has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review you must complete the following steps:

1. File an original Notice of Appeal with the Department of Revenue's Deputy Agency Clerk within 30 days after the date the Final Order is rendered. The address is:

Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, Florida 32314-8030

2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and
<<CP/CTR NAME>>   Depository Number: <<DepositoryNo>>
         Petitioners,   Child Support Case Number: <<CSECaseNum>>

         vs.

<<NCP NAME>>
         Respondent.

INCOME DEDUCTION ORDER
ADMINISTRATIVE SUPPORT PROCEEDING

The Florida Department of Revenue, Child Support Program (DOR) enters this Income Deduction
Order regarding the Respondent's child support obligation pursuant to section 409.2563(7), Florida
Statutes.

To: All current and subsequent employers and payors of income to
Respondent <<NCP Name>>

YOU ARE HEREBY ORDERED, as required by Florida law, to make regular deductions from all
income of the Respondent in accordance with this Income Deduction Order and any accompanying
Order/Notice to Withhold Income.

YOU ARE FURTHER ORDERED:

  1. To deduct from all money due and payable to the Respondent:

      (a) $<<Current Support>> per month for current child support, plus
      (b) $<<Monthly Retro Support Payment>> per month for past-due/retroactive support until
            the total past-due/retroactive/arrears amount of $<<Net Retro Support Owed>> is paid,
      (c)   for a total monthly payment of $<<Total Monthly Payment>>
      (d)   When the total past-due/retroactive/arrears amount in (b) has been paid, continue to
            deduct the amount in (a) for current child support.

  <<Option 41>>

  Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated
  emancipation date – 1 day>>, or date of high school graduation according to the conditions above,
  at which time the Respondent's current support obligation ends for all children.

  2. To deduct 100 percent of any income paid in the form of a bonus or other similar one-time
      payment, up to the amount of the arrearage reported in the Order/Notice to Withhold, or any
      subsequent past-due amount that accrues.

  3. To send these amounts to:

                          Florida State Disbursement Unit
                                <<SDUAddress>>

Your check or other form of payment must include the Respondent's name, the date the deduction was made, and the court depository number <<Depository Number>>.

4. Not to deduct more than the amounts allowed under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. 1673(b), as amended.

5. To deduct an additional 20 percent of the current support obligation or other amount agreed to by the parties if a delinquency accrues after the order establishing, modifying, or enforcing the obligation has been entered and there is no order for repayment of the delinquency or a preexisting arrearage. This amount is to be deducted until the delinquency and any attorney's fees and costs are paid in full. No deduction may be applied to attorney's fees and costs until the delinquency is paid in full.

6. To continue income deduction at the rate in effect immediately prior to emancipation, if the obligation to pay current support is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs. Continued deduction at that rate shall continue until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified by the DOR or a court.

This Income Deduction Order or an Income Deduction Notice will be served on the Respondent's present and future employers. Enforcement of the Income Deduction Order may only be contested on the grounds of mistake of fact regarding the amount due pursuant to the order establishing, enforcing, or modifying the amounts in paragraph 1, or the identity of the Respondent, the Petitioning parent/caregiver, or the employer.

DONE and ORDERED this the << Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<YY>>.

<<Image of Ann Coffin's signature>>
Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically as authorized by section 668.004, Florida Statutes. A copy has been filed on this date in the office records of the Florida Department of Revenue.

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OPTIONS PAGE

OPTION 2 (When proceeding determines paternity)
   A. PATERNITY AND (use in heading only)
   B. Paternity and

OPTIONS 3 (If activity is for paternity and support order)

   Paternity and

OPTION 4 (When proceeding determine paternity)

   genetic testing results and

OPTION 5 (When proceeding determines paternity)(the leading 's' makes statute plural in the order)

   s 409.256 and

OPTION 6 (Based on whether CP is a Caregiver or not)

   A.   parent
   B.   caregiver

OPTION 6.1 (For each child for whom respondent is excluded by genetic testing)

Based on the attached genetic test results the Respondent is not the biological father of <<Child X>>.

OPTION 7 (A or B)

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A.   When proceeding determines paternity in non-mixed case
Paternity has not been established previously and the child(ren) was not born or conceived when the mother was married.

B.   When proceeding establishes paternity in mixed case (for each child)
Paternity has not been established previously for <<Child Y>> and the child was not born or conceived when the mother was married.

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OPTION 8 (Jurisdiction/Long Arm for noncustodial parent/alleged father)

A.   *When served in Florida*
DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B.   *When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.*
The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1.   resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2.   resided in this state and provided prenatal expenses or support for the child(ren) before this proceeding started.
3.   maintained a matrimonial domicile in this state before this proceeding started.
4.   acknowledged paternity of the child(ren) in this state before this proceeding started.
5.   had sexual intercourse in this state, which may have resulted in conception of the child(ren).
6.   submitted to the jurisdiction of this state by consent, by entering a general appearance, or by filing a responsive document having the effect of waiving any objection to personal jurisdiction.

OPTION 10 (One entry for each child.) (A-F Based on paternity codes associated with individual child BP record. H based on existence of ZGT activity involving the child associated with the parent activity)

A.   Paternity has been legally established for <<Child Z>> by affidavit or voluntary acknowledgment.
B.   Paternity has been established for <<Child Z>> through a court order issued within the State of Florida.
C.   Paternity is presumed for <<Child Z>> because the Respondent was married to the mother when the child was born or conceived.
D.   Paternity has been established for <<Child Z>> in another state by a court, other tribunal, or voluntary acknowledgment.
E.   Paternity is not an issue for <<Child Z>> because the Respondent and the mother married after the child's birth.
F.   Paternity has been established for <<Child Z>> by an administrative order based on a positive genetic test.
G.   Paternity is not an issue for <<Child Z>> because the Respondent is the mother to the child.
H.   Paternity has been established for <<Child Z>> based on the attached genetic test results that equal or exceeds a 99 percent probability of paternity.

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OPTION 11 (role/relationship of party to child[ren])

    A. father

    B. **mother**

    C. caregiver

OPTION 12 (Based on activity status codes)

A. No DOAH Request

The Respondent did not file a timely request for an administrative hearing. The time limits are stated in the Proposed Administrative Support Order, which was served on the Respondent. The Respondent is deemed to have waived the right to request a hearing as provided by section 409.2563(7)(b), Florida Statutes.

B. DOAH Relinquishes Jurisdiction

The Respondent waived his or her right to contest the proposed order at an administrative hearing.

OPTION 13.1 (for NCP)

    A. imputed

    B. actual

OPTION 13.2 (for CP)

    A. imputed

    B. actual

OPTION 14.1 (User selects additional findings related to income used for support guidelines for the NCP)
Select only when NCP's income is imputed. Choose either A1, A2, or A3.

    A. The Respondent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.

    B. The Respondent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.

    C. There is a lack of sufficient, reliable information concerning the Respondent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

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A. The Petitioning/other parent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.

B. The Petitioning/other parent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.

C. There is a lack of sufficient, reliable information concerning the Petitioning/other parent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 15 (Based on guideline information)
DOR is deviating from the guideline amount, which would be inappropriate for the following reason(s):

[Note: User selects applicable deviation reason(s). System will enumerate alphabetically as a., b., c., etc.]
When options 15A – L are selected, option 20 must also be selected and the user must provide free text explanation.

A. A particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties provides that each child spend a substantial amount of time with each parent, as explained in the Additional Findings of Fact and Conclusions of Law.

B. The child(ren) spends a significant amount of time with the Respondent due to a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties as explained in the Additional Findings of Fact and Conclusions of Law.

C. Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.

D. Payment of support to a parent that regularly has been paid and for which there is a demonstrated need as explained in the Additional Findings of Fact and Conclusions of Law.

E. Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.

F. Age(s) of the child(ren), taking into consideration the greater needs of older child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.

G. Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guideline amount as explained in the Additional Findings of Fact and Conclusions of Law.

H. Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.

I. Application of the child support guidelines requires the Respondent to pay more than 55 percent of gross income for a single support order as explained in the Additional Findings of Fact and Conclusions of Law.

J. Independent income of the child(ren), excluding the child(ren)'s SSI income as explained in the Additional Findings of Fact and Conclusions of Law.

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K. Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.

L. Adjustments needed to achieve and equitable result as explained in the Additional Findings of Fact and Conclusions of Law.

M. The Respondent is entitled to a $<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.

N. The Respondent receives Social Security Disability (SSD) benefits. The Respondent's guideline share of the total child support need is offset by $<<ReducedObligAmt>>, which is the amount of Social Security dependent benefits received by the child(ren) due to Respondent's disability.

[The following concludes Option 15 and must print when 15B-L is selected.]

Therefore, the Respondent's monthly current support payment stated in Paragraph B is $<<TotalDeviationAmountPOSD>><<Option 15.1>> per month than the guideline amount.

** As option 15.1 states more/less the <<TotalDeviationAmountPOSD>> field will only pull numerical value of the field (positive or negative symbols are not to be pulled into the form)

A. Select Option A, if the value of the field SHARED_PARENTAL_M is checked.

B. Select Option B, if the value of the field PARENTING_PLAN_M or PARENTING_PLAN_F is not equal to zero and is not blank.

C. Select Option C if the value of either field EXTRA_EXP_M or EXTRA_EXP_F is not equal to zero and is not blank.

D. Select Option D if the value of either field PAREN_SUPP_M or PAREN_SUPP_F is not equal to zero and is not blank.

E. Select Option E if the value of either field SEASONAL_M or SEASONAL_F is not equal to zero and is not blank.

F. Select Option F if the value of either field AGE_OF_CHILD_M or AGE_OF_CHILD_F is not equal to zero and is not blank.

G. Select Option G, if the value of either field SPECIAL_NEEDS_M or SPECIAL_NEEDS_F is not equal to zero and is not blank.

H. Select Option H, if the value of either field TOTAL_ASSETS_M or TOTAL_ASSETS_F is not equal to zero and is not blank.

I. Select Option I, if the value of either field MORE_THAN_55_M or MORE_THAN_55_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.

J. Select option J, if the value of the field INDEP_CHLD is not equal to zero and is not blank.

K. Select Option K, if the value of the field IRS_EXEMP_M or IRS_EXEMP_F is not equal to zero and is not blank.

L. Select Option L, if the value of the field OTH_EQUIT_ADJ_M or OTH_EQUIT_ADJ_F is not equal to zero and is not blank.

M. Select Option M, if the value of the field APP_SEC_FAM_M or APP_SEC_FAM_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.

N. Select Option N, if the value of the field SSD_RES_M or SSD_RES_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.

$<<Allowable Deduction>> is to be derived from determination of Respondent, then APPR_SECFAM_M or APPR_SECFAM_F, appropriately

$<<ReducedObligAmt>> is to be derived from determination of Respondent, then SSD_CRED_M or SSD_CRED_F, appropriately

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OPTION 15.1
A.   more
   B. less

OPTION 16.1 (Select whether health insurance is or is not available at reasonable cost to the NCP)
   A. is
   B. is not

OPTION 16.2 (Select whether health insurance is or is not accessible to the child through the NCP)
   A. is
   B. is not

OPTION 16.3 (Select whether health insurance is or is not available at reasonable cost to the CP)
   A. is
   B. is not

OPTION 16.4 (Select whether health insurance is or is not accessible to the child through the CP)
   A. is
   B. is not

OPTION 17
   A. When CP is providing health insurance
   The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

   B. When either the NCP or the CP parent (not caregiver) is active duty or retired military
   The **<<Option 27>>** is active or retired United States military. As a dependent of the **<<Option 27>>**, the child(ren) is entitled to health insurance under the military health insurance program.

   OPTION 18 [Select A, B, or C]
    A. The Respondent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
    B.   The Petitioning parent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
       C. Both parents have the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

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OPTION 19 (Retroactive support)

A. System pop when retroactive support is ordered

The total past (retroactive) child support amount in Paragraph B is based on the factors listed in the enclosed child support guideline worksheet(s).

The Respondent shall pay retroactive support for <<Number Months Retro Owed>>months. This is the period(s) of time when the Respondent did not live together with the child(ren), during the 24 months before <<Date Served With Initial Notice>>, the date the Respondent was served with the initial notice in this proceeding. If a Final Order is issued, monthly support that accrues between now and the date the first payment is due will be added to the total retroactive support amount in the Final Order.

The retroactive support amount of $<<Net Retro Support Owed>> is calculated **<<Option 19A1/19A2>>**

<<Option 19A3>

Select either 19A1 or 19A2

19A1.   at the same monthly rate as current support.

19A2. based on the monthly amounts as shown in the enclosed Guideline Worksheet(s) for the retroactive period. The retroactive support amount is calculated differently than current support because<<Free Form Text>>.

19A3 - If credit provided for payments made

The Respondent is given $<<Retro Credit>> credit for support payments actually made or in-kind payments made during the retroactive period.

B. Select one of the following if retroactive support is not ordered

1. Past (retroactive) support is not appropriate because <<Free Form Text>>.

2. Past (retroactive) support is being waived by the Petitioning parent or caregiver.

OPTION 20 (Include is user selects, However mandatory if if option 15A – L is selected, as well as when 20A or 20B are selected) Center as header.

Additional Findings of Fact and Conclusions of Law

OPTION 20A (Must be selected when option 15A or 15B is selected and is listed as unnumbered paragraph under Option 20.)

The Respondent's obligation of $<<DevOblig>>is based on a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the Respondent and the Petitioning parent under which the child spends <<%ofNightsWithNCP>> percent of the overnights with Respondent.

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OPTION 21 (When proceeding determines paternity) (the leading ',' is needed in the order)

, 409.256

OPTION 22   (When proceeding determines paternity)

and biological

OPTION 25 (Include if user selects)

Additional Provisions: (Center as Header)
<<Free Form Text>>

OPTION 33 (Use B if Respondent has an attorney)
   A.   <<NCP Name>>
   B.   <<NCP Attorney Name>>
          <<NCP Attorney Address>>

OPTION 39

A. The **<<Option 27>>** shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the **<<Option 27>>**'s employer, union, or other source. The **<<Option 27>>** shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the **<<Option 27>>** must notify DOR within 30 days and send written proof of the change. **<<Option 23>>**

B. Neither parent is ordered to provide health insurance for the minor child(ren).

C. The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is $<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

OPTION 41

Current support for <<oldest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

XXXX $<<1st step down support amount>> per month current support.
XXXX
XXXX   Current support for <<next oldest child's name 1>> is scheduled to end on <<child's
XXXX   estimated emancipation date – 1 day>>, or date of high school graduation according to
XXXX   the conditions above, at which time the Respondent shall pay:
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XXXX $<<2nd step down support amount>> per month current support
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