

**COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
HAMILTON COUNTY, OHIO**

Enter: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff / Petitioner ( ) Obligor ( ) Obligee

Date: \_\_\_\_\_

-vs-

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

File No. \_\_\_\_\_

\_\_\_\_\_  
Defendant / Petitioner ( ) Obligor ( ) Obligee

CSEA No. \_\_\_\_\_

Judge \_\_\_\_\_

**ORDER SHARED LIABILITY FOR  
MEDICAL AND HEALTH CARE NEEDS  
(No Insurance Available) O.R.C. 3119.30**

The Court finds that neither parent has health insurance for the child(ren) accessible and available to them at a reasonable cost either through a group health plan offered by an employer or through any other group health insurance or health care policy, contract, or plan.

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** that both parents are liable to all health care providers for their child(ren)'s uncovered extraordinary health care expenses as defined herein according to the formula set forth below:

A. The Child Support Obligee (recipient of child support), \_\_\_\_\_  
[INSERT name of Obligee] is responsible for paying the first \$\_\_\_\_\_ per year, per child for the child(ren)'s uninsured/unreimbursed health care expenses.

**[IMPORTANT: If cash medical support is not deviated, this amount shall be \$388.70 per year, per child. If cash medical support is deviated, then this amount will be modified to correspond with the amount of the deviation as identified on lines 27 and 28 of the child support worksheet. A 100% deviation will result in the parents paying all uncovered health expenses proportionally, as all such expenses would be "extraordinary." Obligee should only be responsible for paying a certain amount, per year, per child, if that amount is paid as cash medical support (amount will include both parties' shares).]**

B. The remaining costs of any and all uninsured/unreimbursed medical, dental, orthodontic, optical, prescription, psychological, counseling or psychiatric expenses, including deductibles and/or co-payments under the health insurance plan for the child(ren), shall be paid \_\_\_\_\_% by the Child Support Obligor, \_\_\_\_\_ [INSERT name of Obligor] and \_\_\_\_\_% by the Child Support Obligee, \_\_\_\_\_ [INSERT name of Obligee].

C. Each parent must submit to the other parent copies of all medical bills and receipts for payment as soon as each parent is in receipt of the bill/receipt. Each parent must submit copies of all bills (including expenses for which the submitting parent is responsible) so the other parent is aware of what expenses have been incurred and what expenses have been paid. Each parent should have a complete set of all the medical bills and receipts. Documentation of all such expenses shall be provided to the other parent and reconciliation of the amounts owed for reimbursement shall occur on a quarterly basis (the last day of January, April, July, and November each year).

D. If one parent has paid the bill in full, the other parent must pay his/her share to the parent who paid the bill within 30 days after he/she receives the receipts. If the health care provider has not been paid in full, each parent must make arrangements with the health care provider to pay his/her share within 30 days of the date that he/she receives the bill. If the bill is later reduced for any reason (insurance payment, insurance company modification, etc.), the parent who first learns of the reduction must notify the other parent immediately. Each parent's portion of the original bill will be reduced accordingly, based on the percentage of each parent's responsibility for the original bill. Neither parent may use the child(ren) to deliver medical bills, proof of payment, or reimbursement to the other parent.

E. **Definitions:**

1. "Cash Medical." At this time, the State of Ohio recognizes that parents spend an average of \$388.70 per year, per child on uncovered health care expenses. Therefore, the term "cash medical" is defined as \$388.70 per child, per year (as amended by statute), and the responsibility for paying this expense is allocated between the parents by income shares, as identified on Line 23 of the child support worksheet.

2. "Cash medical support" means a dollar amount ordered to be paid in a child support order towards "ordinary medical expenses" incurred on behalf of the children identified in the parties' child support order during a calendar year. The child support recipient's share (Obligee) remains in his/her household, while the child support payor's share (Obligor) is paid to the Obligee in conjunction with the child support amount ordered, **\*\* unless the child is receiving government provided healthcare at no cost to either parent.**

3. "Ordinary medical expenses" include copayments, deductibles and uninsured/unreimbursed medical-related costs for the children named in the child support order.

4. "Extraordinary medical expenses" include any uninsured/unreimbursed medical-related costs incurred for a child named in the child support order that exceed the total cash medical support amount, including the monthly amount that is Obligee's share, as identified on line 28 of the child support worksheet.

5. "Reasonable cost for health insurance" means that a plan of health insurance for the child(ren) identified in the child support order is accessible to the parent ordered to provide health care coverage at a cost of 5% or less of his/her gross annual income (identified as the "Health Insurance Maximum" on line 8 of the child support worksheet), unless: (a) one or both parties expressly agree to provide such health insurance for the children at a cost exceeding 5% of his/her gross income; or (b) the Court finds that it is in the best interest of the parties' child(ren) for one or both parents to provide such insurance at a cost exceeding 5% of his/her gross income as such insurance coverage will not impose an undue financial burden on the parent(s).

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that Obligor and Obligee immediately inform the Court through the Hamilton County Child Support Enforcement Agency if health care coverage for the child(ren) becomes available at a reasonable cost through a group health insurance plan offered by the Obligor's or Obligee's employer or through any other group health insurance or health care policy, contract or plan available to the Obligor or Obligee. When such health care coverage becomes available to either party, that party must obtain said insurance coverage and shall notify the appropriate agency of the nature and extent of said coverage.

If the person required to obtain private health care insurance coverage for the children subject to this child support order obtains new employment, the agency shall comply with the requirements of section 3119.34 of the Revised Code, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the children in private health care insurance coverage provided by the new employer.

Upon receipt of a notice by the child support enforcement agency that private health care coverage is not available at a reasonable cost, cash medical support shall be paid in the amount as determined by the child support computation worksheets in section 3119.022(3119.02.2) or 3119.023 (3119.02.3) of the Revised Code, as applicable. The child support enforcement agency may change the financial obligations of the parties to pay child support in accordance with the terms of the court or administrative order and cash medical support without a hearing or additional notice to the parties.

Pursuant to 3119.30 (C) , you are required to notify the Court if health care coverage for the minor child(ren) becomes available at a reasonable cost through a group health insurance or health care policy, contract or plan offered by your employer or through any other available source.

**IT IS SO ORDERED.**

HAVE SEEN :

\_\_\_\_\_  
Plaintiff/Petitioner/Obligor/Obligee

\_\_\_\_\_  
Defendant/Petitioner/Obligor/Obligee

\_\_\_\_\_  
Attorney for Plaintiff/Petitioner

\_\_\_\_\_  
Attorney for Defendant/Petitioner

**INSTRUCTIONS TO THE CLERK:** You are directed to mail a copy of this Order to the employer and to the Obligor and Obligee by Ordinary Mail, with proof of mailing, unless they have acknowledged receipt by signature above.

**NOTIFICATION**

TO THE OBLIGOR/OBLIGEE:

Obligor/Obligee is required to maintain health care coverage for the minor child(ren) at a reasonable cost through a group health insurance or health care policy, contract or plan offered by his/her employer or through any other available source. It is important for the well-being of your child(ren) that the best (and reasonable) health care coverage be maintained.

Complete this document as appropriate immediately after the occurrence of any of the events listed and mail the original of this document to the office and address listed below.

TO: Hamilton County Child Support Enforcement Agency  
222 E. Central Pkwy  
Cincinnati, Ohio 45202

\_\_\_\_\_ 1. My employer (or new employer) now offers health care coverage for the minor child(ren) effective \_\_\_\_\_, 20\_\_\_\_\_.

Employer's name and address is: \_\_\_\_\_

\_\_\_\_\_

Insurer's name, address, policy number, employee cost to cover child(ren) is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 2. I now have health care coverage available to the child(ren) from another source. State source, address, insurer, insurer's address, policy number and cost to cover child(ren).

Date: \_\_\_\_\_

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

File No. \_\_\_\_\_

CSEA NO. \_\_\_\_\_

\_\_\_\_\_  
**Obligor's Signature**

\_\_\_\_\_  
Address

\_\_\_\_\_  
 Check here if new address

Daytime Phone No. \_\_\_\_\_

\_\_\_\_\_  
**Obligee's Signature**

\_\_\_\_\_  
Address

\_\_\_\_\_  
 Check here if new address

Daytime Phone No. \_\_\_\_\_