

# MEDICAL SUPPORT ORDER

STATE OF VERMONT

SUPERIOR COURT  
 \_\_\_\_\_ Unit

FAMILY DIVISION  
 Docket No. \_\_\_\_\_

Plaintiff's Name	DOB ____ / ____ / ____	v.	Defendant's Name	DOB ____ / ____ / ____
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PLAINTIFF		PLAINTIFF'S EMPLOYER	
Last Name	First Name	Initial	Name
Street Address			Street Address
City	State	Zip Code	City                      State                      Zip Code
Telephone Number			Telephone Number
Social Security Number	Date of Birth		

DEFENDANT		DEFENDANT'S EMPLOYER	
Last Name	First Name	Initial	Name
Street Address			Street Address
City	State	Zip Code	City                      State                      Zip Code
Telephone Number			Telephone Number
Social Security Number	Date of Birth		

CHILDREN WHO ARE SUBJECT TO THIS ORDER:					
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
Last Name	First Name	M.	Date of Birth	Grade	Social Security Number

**I. TYPE OF HEARING OR STIPULATION**

This order is entered upon:  after hearing (when parties are present and/or represented by counsel)  
 approval of the parties (stipulation filed)

**II. PARENTAL RIGHTS AND RESPONSIBILITIES**

**FINDINGS AND BASIS OF ORDER**

- A) The \_\_\_\_\_ 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) Other: \_\_\_\_\_

**III. MEDICAL SUPPORT**

**A. CALCULATION TO DETERMINE REASONABLE COST - FINDINGS**

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

	Plaintiff	Defendant
Gross monthly income is		
5% gross monthly income is		
Total monthly health insurance premium is		

2. Private health insurance is deemed reasonable for:  Plaintiff  Defendant because:  
 the cost of health insurance is **5% or less** of gross income as calculated above for  Plaintiff  Defendant.  
 the cost of health insurance is in **excess of 5%** of gross income and the court has considered the factors of

15 V.S.A. § 659.  
Additional findings: \_\_\_\_\_

3. Although the cost of health insurance is **5% or less** of gross income, the  
 Plaintiff  Defendant is **not required** to provide health insurance for the following reasons:  
 \_\_\_\_\_

**B. MEDICAL SUPPORT ORDER**

- 1)  Plaintiff  Defendant is **ORDERED** to provide and maintain private health insurance for the minor child(ren) because the cost for health insurance is deemed reasonable pursuant to the findings set forth above; **OR**
- 2)  Private health insurance is currently unavailable to either party at a reasonable cost. If private health insurance becomes available to either party at a reasonable cost, that party shall be responsible for providing and maintaining health insurance for the minor child(ren). Either party may request a hearing to determine whether the cost of health insurance is reasonable. **OR**
- 3) Beginning Date:  shall pay a cash contribution to \_\_\_\_\_ for contribution toward the cost of health coverage in the amount of \$  per (time period):

**C. CURRENT MEDICAL SUPPORT COVERAGE**

Private health insurance.

Policy or Certificate Number	Name of Subscriber: Relationship to Child(ren)
Plan Name and Address	Subscriber's I.D. Number

**D. UNREIMBURSED 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/split as follows:

% Plaintiff  % Defendant

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**E. ARREARS ON PAST DUE MEDICAL SUPPORT/REPAYMENT PROVISIONS**

1) ARREARS OWED TO THE OFFICE OF CHILD SUPPORT :

Beginning Date:   Plaintiff  Defendant shall pay the Office of Child Support  
the sum of \$  per (time period):  towards a judgment in the amount of  
\$  as of (date):  This judgment consists of past due cash contribution  
\$  ; medical expenses \$  ; other \$

2) ARREARS OWED TO  PLAINTIFF  DEFENDANT:

Beginning Date:   Plaintiff  Defendant shall pay to the other party  
the sum of \$  per (time period):  towards a judgment in the amount of  
\$  as of (date):  This judgment consists of past due cash contribution  
\$  ; medical expenses \$  ; other \$

3) ARREARS OWED TO OTHER AGENCY:

Beginning Date:   Plaintiff  Defendant shall pay to other agency  
the sum of \$  per (time period):  towards a judgment in the amount of  
\$  as of (date):  This judgment consists of past due cash contribution  
\$  ; medical expenses \$  ; other \$

**F. METHOD OF PAYMENT**

1) WAGE WITHHOLDING ORDER

a) Beginning Date:  any employer of the responsible party shall deduct the sum of  
\$  per (time period):

This deducted amount shall be paid directly to:

**OFFICE OF CHILD SUPPORT, PO BOX 1310, WILLISTON, VT 05495**

**(NOTE: This provision of this order is subject to the limits on withholding contained in 15 U.S.C. §1673(b) and §303(b) of the Consumer Protection Act.)**

b) At any time the medical support obligation is not being paid through wage withholding, the responsible party shall send the payments to the  Office of Child Support or  Plaintiff  Defendant

2) DIRECT PAYMENT

a) Beginning Date: [ ] the responsible party shall pay the sum of \$ [ ]

per (time period): [ ] to the Office of Child Support. This amount shall be paid directly to:

OFFICE OF CHILD SUPPORT, PO BOX 1310, WILLISTON, VT 05495

b) Beginning Date: [ ]  Plaintiff  Defendant shall pay to the other party \$ [ ]

per (time period): [ ]

C) Additional Orders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1) If employed, a party 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 party 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 party is liable for any unreimbursed health care costs of the child(ren) that result from a party'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 party has health insurance through an entity other than his/her employer, that party 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 party 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 party pays a health expense of a child subject to this order and the other party receives reimbursement from insurance for the expense, the reimbursement shall be sent to the party who advanced payment, within 7 days of receipt.
- 6) If a party receives payment from health insurance for an expense paid by Medicaid, that party shall send payment to the Office of Health Access, 312 Hurricane Drive, Suite 201, Williston, VT 05495-2806, within 7 days.
- 7) The parties shall provide each other with copies of bills for health expenses and documentation of insurance determination within 7 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.
- 8) Each party shall notify the: **Office of Child Support, Support Registry, 103 South Main Street, Waterbury, VT 05671-1901** within 7 days of a change in address, employment or health insurance carrier. This notification requirement applies until all obligations to support arrearages or orders to provide visitation are satisfied.
- 9) A PARTY 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 SUPPORT ORDER UNDER 15 VSA SECTION 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. THE PARTY 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 RESPONSIBLE PARTY IS STILL LEGALLY REQUIRED TO PAY THE AMOUNT ORDERED BY THE COURT. (15 VSA, Section 663 (e)).

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**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 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.

The above is stipulated by the parties.

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

Signature of Plaintiff's Attorney	Date
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Signature of Defendant's Attorney	Date
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OCS Representative	Date
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It is so ORDERED.

Magistrate/Presiding Judge	Date
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Assistant Judge	Date
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Assistant Judge	Date
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**ACCEPTANCE OF SERVICE**

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

Obligor	Date
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Obligee	Date
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**NOTICE OF RIGHT TO APPEAL**

An order signed by the Magistrate or Presiding Judge may be appealed by filing a Notice of Appeal with the Clerk of the Family Court within 30 days of filing of this order.

**NOTICE OF A PARENT'S RESPONSIBILITY AND RIGHTS**

**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 party has the right to request a modification of the medical support order based upon a real, substantial, unanticipated change of circumstances.

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

A party has the right to request enforcement of the medical support order.

**D) 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 Obligor, 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 an Obligor'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.