

**CONSENT ORDER OF COURT
INSTRUCTION SHEET**

Page 1

1. Plaintiff's name and address
2. Defendant's name and address
3. Order Number = case file number (Example: 02-00001)
4. PACSES assigned number (Can be obtained from Family Division paperwork)
5. Docket Number = case file number (Example: 02-00001)
6. Other State ID Number = (Can be obtained from FD paperwork, if applicable)
7. Mark an "X" in the appropriate square
8. Date of order (Example: 19th day of March, 2003)
9. Plaintiff's monthly net income on which the order is based (Example: \$1,295.50)
10. Defendant's monthly net income on which the order is based (Example: \$1,516.10)
11. Annualized Periodic Amount (monthly support payment) + monthly arrears payment (Example: Two Hundred Thirty Dollars)
12. Annualized Periodic Amount (monthly support amount) + monthly arrears payment (Example: \$230)
13. Monthly (always payable monthly)
14. Example: "If the date of the order is other than the 1st of the month, the first payment is due on the 1st of the month following the date of the order and on the 1st of each and every month thereafter. If the order is dated the first of the month, the first payment is due on that date and on the 1st of each and every month thereafter."
15. Retroactivity date (Generally the date the complaint for support or petition for modification was filed).
16. Dollar amount of arrears (Example: \$1,569.00) if left blank, the DRO will enter the amount calculated by PACSES and require the initials of the attorney processing the order, if order states that parties agree to have PACSES calculate case balance. **NO OTHER AMOUNT WILL BE PERMITTED UNLESS BOTH PARTIES/ATTORNEYS ARE PRESENT TO INITIAL.**
17. Date arrears are to be set as of. Enter day if parties/attorneys are setting arrears or leave blank if parties/attorney's agree to have PACSES set case balance.
18. Child (ren)'s full name
19. Child (ren)'s birth date (Example: 09/04/01)

Page 2

30. Parties last names (Example: Brown v. Powell)
31. PACSES Number (Can be found on first page)
22. Total amount defendant owes monthly Annualized Periodic Amount + monthly arrears payment (Example: \$230)
23. Monthly (always payable monthly)
24. Annualized Periodic Amount - monthly support payment (Example: \$200.00)
25. Monthly Arrears Payment (\$30)
26. Defendant's agreed upon percentage of unreimbursed medical expenses (Example: 50%)
27. Plaintiff's agreed upon percentage of unreimbursed medical expenses (Example: 50%)

28. Mark an "X" in the box of the party providing medical coverage
(In the event that neither party has health care coverage, health care coverage available at a reasonable cost, the plaintiff has medical assistance (i.e. Gateway) or plaintiff has no cost CHIP the box "Neither Party" is to provide medical insurance must be checked)
29. Mark an "X" in the box of the party providing medical coverage.
(A legible copy of both sides of the insurance card(s) must be provided with the proposed Consent Order of Court)

Page 3

30. Parties last names (Example: Brown v. Powell)
31. PACSES Number (Can be found on first page)
32. Other Conditions = (The particulars of the parties agreement)
33. Leave blank (Fee portion is non collectable by the court)

Page 4

34. Today's date or the date the parties signed the agreement
35. Plaintiff's signature
36. Plaintiff's counsel signature
37. Defendant's signature
38. Defendant's counsel signature

**PARTIES MUST INCLUDE A COVER SHEET WITH THE NAME
OF EACH PARTY'S ATTORNEY AND ADDRESS
AND A LEGIBLE COPY OF BOTH SIDES OF THE INSURANCE CARDS**

**In the Court of Common Pleas of Allegheny County, Pennsylvania
Family Division**

_____ (1) Plaintiff	Order Number _____ (3)
	PACSES Case Number _____ (4)
	Docket Number _____ (5)
_____ (2) Defendant	Other State ID Number _____ (6)

ORDER OF COURT

(7) **Final** **Interim** **Modified**

AND NOW, this _____ day of _____, _____ (8) based upon the Court's determination that the Payee's Monthly net income is \$ _____ (9) and the Payor's monthly net income is \$ _____ (10), it is hereby ordered that the Payor pay to the Pennsylvania State Collection and Disbursement Unit,

\$ _____ (11), Dollars

\$ _____ (12) a month payable monthly (13) as follows: first payment due on

_____ (14) The effective date of the order is _____,

_____ (15).

Arrears set at \$ _____ (16) as of _____ (17) are due in full IMMEDIATELY. All terms of this Order are subject to collection and/or enforcement by contempt proceedings, credit bureau reporting, tax offset certification, passport denial certification, driver's/professional/recreational license revocation, interception of lottery winnings, and the freeze and seize of financial assets. These enforcement/collection mechanisms will not be initiated as long as obligor does not owe overdue support. Failure to make each payment on time and in full will cause all arrears to become subject to immediate collection by all the means listed above.

For the Support of:

Name (18)

Birth Date (19)

The defendant owes a total of \$ _____ (22) per month payable monthly (23);
\$ _____ (24) for current support and \$ _____ (25) for arrears. The
defendant must also pay fees/costs as indicated below.

Said money to be turned over by the **Pa SCDU** for distribution and disbursement in
accordance with Rule 1910.17(d).

Payments must be made by check or money order. All checks and money orders must be
made payable to Pa SCDU and mailed to:

**Pa SCDU
P.O. Box 69110
Harrisburg, PA 17106-9110**

Payments must include the defendant's PACSES Member Number or Social Security Number in
order to be processed. Do not send cash by mail.

The monthly support obligation includes cash medical support in the amount of \$250
annually for unreimbursed medical expenses incurred for each child and/or spouse as ordered
herein. Unreimbursed medical expenses of the obligee or children that exceed \$250 annually
shall be allocated between the parties. The party seeking allocation of unreimbursed medical
expenses must provide documentation of the expenses to the other party no later than March
31st of the year following the calendar year in which the final medical bill to be allocated was
received. The unreimbursed medical expenses are to be paid as follows: _____% (26) by
defendant and _____% (27) by plaintiff. Defendant Plaintiff Neither party (28) is to
provide medical insurance coverage. Within thirty (30) days after the entry of this order, the
 Plaintiff Defendant (29) shall submit to the other party and to the Domestic Relations
Section written proof that medical insurance coverage has been obtained or that medical
insurance coverage has been obtained or that application for coverage has been made. Proof
of coverage shall consist, at a minimum, of: 1) the name of the health care coverage
provider(s); 2) any applicable identification numbers; 3) any cards evidencing coverage; 4)
the address to which claims should be made; 5) a description of any restrictions on usage,
such as prior approval for hospital admissions, and the manner of obtaining approval; 6) a
copy of the benefit booklet or coverage contract; 7) a description of all deductibles and co-
payments; and 8) five copies of any claim forms.

(30) v. PACSES Case Number: (31)

Other Conditions: _____ (32)

Defendant shall pay the following fees: _____ (33)

<u>Fee Total</u>	<u>Fee Description</u>	<u>Payment Frequency</u>
\$ _____ for _____		Payable at \$ _____ Per _____
\$ _____ for _____		Payable at \$ _____ Per _____
\$ _____ for _____		Payable at \$ _____ Per _____
\$ _____ for _____		Payable at \$ _____ Per _____
\$ _____ for _____		Payable at \$ _____ Per _____

IMPORTANT LEGAL NOTICE

PARTIES MUST WITHIN SEVEN DAYS INFORM THE DOMESTIC RELATIONS SECTION AND THE OTHER PARTIES, IN WRITING, OF ANY MATERIAL CHANGE IN CIRCUMSTANCES RELEVANT TO THE LEVEL OF SUPPORT OR THE ADMINISTRATION OF THE SUPPORT ORDER, INCLUDING, BUT NOT LIMITED TO, LOSS OR CHANGE OF INCOME OR EMPLOYMENT AND CHANGE OF PERSONAL ADDRESS OR CHANGE OF ADDRESS OF ANY CHILD RECEIVING SUPPORT. *A PARTY WHO WILLFULLY FAILS TO REPORT A MATERIAL CHANGE IN CIRCUMSTANCES MAY BE ADJUDGED IN CONTEMPT OF COURT, AND MAY BE FINED OR IMPRISONED.*

PENNSYLVANIA LAW PROVIDES THAT ALL SUPPORT ORDERS SHALL BE REVIEWED AT LEAST ONCE EVERY THREE (3) YEARS IF SUCH REVIEW IS REQUESTED BY ONE OF THE PARTIES. IF YOU WISH TO REQUEST A REVIEW AND ADJUSTMENT OF YOUR ORDER, YOU MUST DO THE FOLLOWING: CALL YOUR ATTORNEY. AN UNREPRESENTED PERSON WHO WANTS TO MODIFY (ADJUST) A SUPPORT ORDER SHOULD CONTACT THE DOMESTIC RELATIONS SECTION.

ALL CHARGING ORDERS FOR SPOUSAL SUPPORT AND ALIMONY PENDENTE LITE, INCLUDING UNALLOCATED ORDERS FOR CHILD AND SPOUSAL SUPPORT OR CHILD SUPPORT AND ALIMONY PENDENTE LITE, SHALL TERMINATE UPON DEATH OF THE PAYEE.

A MANDATORY INCOME ATTACHMENT WILL ISSUE UNLESS THE DEFENDANT IS NOT IN ARREARS IN PAYMENT IN AN AMOUNT EQUAL TO OR GREATER THAN **ONE MONTH'S SUPPORT OBLIGATION** AND (1) THE COURT FINDS THAT THERE IS GOOD CAUSE NOT TO REQUIRE IMMEDIATE INCOME WITHHOLDING; OR (2) A WRITTEN AGREEMENT IS REACHED BETWEEN THE PARTIES WHICH PROVIDES FOR AN ALTERNATE ARRANGEMENT.

UNPAID ARREARAGE BALANCES MAY BE REPORTED TO CREDIT AGENCIES. ON AND AFTER THE DATE IT IS DUE, EACH UNPAID SUPPORT PAYMENT SHALL CONSTITUTE, BY OPERATION OF LAW, A JUDGMENT AGAINST YOU, AS WELL AS A LIEN AGAINST REAL PROPERTY.

IT IS FURTHER ORDERED that, upon payor's failure to comply with this order, payor may be arrested and brought before the Court for a Contempt hearing; payor's wages, salary, commissions, and/or income may be attached in accordance with the law; this Order will be increased without further hearing by 25% per month until all arrearages are paid in full. Payor is responsible for court costs and fees.

Copies delivered to parties _____ (34)
Date

Consented:

Plaintiff (35)

Plaintiff's Attorney (36)

Defendant (37)

Defendant's Attorney (38)

BY THE COURT:

Judge

**In the Court of Common Pleas of Allegheny County, Pennsylvania
Family Division**

_____ Plaintiff	Order Number _____
	PACSES Case Number _____
	Docket Number _____
_____ Defendant	Other State ID Number _____

ORDER OF COURT

Final **Interim** **Modified**

AND NOW, this _____ day of _____, _____ based upon the Court's determination that the Payee's Monthly net income is \$ _____ and the Payor's monthly net income is \$ _____, it is hereby ordered that the Payor pay to the Pennsylvania State Collection and Disbursement Unit,
\$ _____, Dollars
\$ _____ a month payable monthly as follows: first payment due on _____ The effective date of the order is _____,

Arrears set at \$ _____ as of _____ are due in full IMMEDIATELY. All terms of this Order are subject to collection and/or enforcement by contempt proceedings, credit bureau reporting, tax offset certification, passport denial certification, driver's/professional/recreational license revocation, interception of lottery winnings, and the freeze and seize of financial assets. These enforcement/collection mechanisms will not be initiated as long as obligor does not owe overdue support. Failure to make each payment on time and in full will cause all arrears to become subject to immediate collection by all the means listed above.

For the Support of:

<u>Name</u>	<u>Birth Date</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The defendant owes a total of \$ _____ per month payable monthly ;
 \$ _____ for current support and \$ _____ for arrears. The
 defendant must also pay fees/costs as indicated below.

Said money to be turned over by the **Pa SCDU** for distribution and disbursement in
 accordance with Rule 1910.17(d).

Payments must be made by check or money order. All checks and money orders must be
 made payable to Pa SCDU and mailed to:

Pa SCDU
P.O. Box 69110
Harrisburg, PA 17106-9110

Payments must include the defendant's PACSES Member Number or Social Security Number in
 order to be processed. Do not send cash by mail.

The monthly support obligation includes cash medical support in the amount of \$250
 annually for unreimbursed medical expenses incurred for each child and/or spouse as ordered
 herein. Unreimbursed medical expenses of the obligee or children that exceed \$250 annually
 shall be allocated between the parties. The party seeking allocation of unreimbursed medical
 expenses must provide documentation of the expenses to the other party no later than March
 31st of the year following the calendar year in which the final medical bill to be allocated was
 received. The unreimbursed medical expenses are to be paid as follows: ____% by
 defendant and ____% by plaintiff. Defendant Plaintiff Neither party is to
 provide medical insurance coverage. Within thirty (30) days after the entry of this order, the
 Plaintiff Defendant shall submit to the person having custody of the child(ren) written
 proof that medical insurance coverage has been obtained or that application for coverage has
 been made. Proof of coverage shall consist, at a minimum, of: 1) the name of the health care
 coverage provider(s); 2) any applicable identification numbers; 3) any cards evidencing
 coverage; 4) the address to which claims should be made; 5) a description of any
 restrictions on usage, such as prior approval for hospital admissions, and the manner of
 obtaining approval; 6) a copy of the benefit booklet or coverage contract; 7) a description of
 all deductibles and co-payments; and 8) five copies of any claim forms.

Other Conditions:

Defendant shall pay the following fees:

<u>Fee Total</u>		<u>Fee Description</u>		<u>Payment Frequency</u>
\$ _____	for	_____	Payable at \$ _____	Per _____
\$ _____	for	_____	Payable at \$ _____	Per _____
\$ _____	for	_____	Payable at \$ _____	Per _____
\$ _____	for	_____	Payable at \$ _____	Per _____
\$ _____	for	_____	Payable at \$ _____	Per _____

IMPORTANT LEGAL NOTICE

PARTIES MUST WITHIN SEVEN DAYS INFORM THE DOMESTIC RELATIONS SECTION AND THE OTHER PARTIES, IN WRITING, OF ANY MATERIAL CHANGE IN CIRCUMSTANCES RELEVANT TO THE LEVEL OF SUPPORT OR THE ADMINISTRATION OF THE SUPPORT ORDER, INCLUDING, BUT NOT LIMITED TO, LOSS OR CHANGE OF INCOME OR EMPLOYMENT AND CHANGE OF PERSONAL ADDRESS OR CHANGE OF ADDRESS OF ANY CHILD RECEIVING SUPPORT. *A PARTY WHO WILLFULLY FAILS TO REPORT A MATERIAL CHANGE IN CIRCUMSTANCES MAY BE ADJUDGED IN CONTEMPT OF COURT, AND MAY BE FINED OR IMPRISONED.*

PENNSYLVANIA LAW PROVIDES THAT ALL SUPPORT ORDERS SHALL BE REVIEWED AT LEAST ONCE EVERY THREE (3) YEARS IF SUCH REVIEW IS REQUESTED BY ONE OF THE PARTIES. IF YOU WISH TO REQUEST A REVIEW AND ADJUSTMENT OF YOUR ORDER, YOU MUST DO THE FOLLOWING: CALL YOUR ATTORNEY. AN UNREPRESENTED PERSON WHO WANTS TO MODIFY (ADJUST) A SUPPORT ORDER SHOULD CONTACT THE DOMESTIC RELATIONS SECTION.

ALL CHARGING ORDERS FOR SPOUSAL SUPPORT AND ALIMONY PENDENTE LITE, INCLUDING UNALLOCATED ORDERS FOR CHILD AND SPOUSAL SUPPORT OR CHILD SUPPORT AND ALIMONY PENDENTE LITE, SHALL TERMINATE UPON DEATH OF THE PAYEE.

A MANDATORY INCOME ATTACHMENT WILL ISSUE UNLESS THE DEFENDANT IS NOT IN ARREARS IN PAYMENT IN AN AMOUNT EQUAL TO OR GREATER THAN **ONE MONTH'S SUPPORT OBLIGATION** AND (1) THE COURT FINDS THAT THERE IS GOOD CAUSE NOT TO REQUIRE IMMEDIATE INCOME WITHHOLDING; OR (2) A WRITTEN AGREEMENT IS REACHED BETWEEN THE PARTIES WHICH PROVIDES FOR AN ALTERNATE ARRANGEMENT.

UNPAID ARREARAGE BALANCES MAY BE REPORTED TO CREDIT AGENCIES. ON AND AFTER THE DATE IT IS DUE, EACH UNPAID SUPPORT PAYMENT SHALL CONSTITUTE, BY OPERATION OF LAW, A JUDGMENT AGAINST YOU, AS WELL AS A LIEN AGAINST REAL PROPERTY.

IT IS FURTHER ORDERED that, upon payor's failure to comply with this order, payor may be arrested and brought before the Court for a Contempt hearing; payor's wages, salary, commissions, and/or income may be attached in accordance with the law; this Order will be increased without further hearing by 25% a month until all arrearages are paid in full. Payor is responsible for court costs and fees.

Copies delivered to parties _____ (Date)

Consented:

Plaintiff

Plaintiff's Attorney

Defendant

Defendant's Attorney

BY THE COURT:

Judge