CONSENT ORDER OF COURT INSTRUCTION SHEET

Page 1

1. Plaintiff’s name
2. Defendant’s name
3. Order Number = case file number (Example: 23-00001)
4. PACSES assigned number (Can be obtained from Family Division paperwork)
5. Docket Number = case file number (Example: 23-00001)
6. Other State ID Number = (Can be obtained from FD paperwork, if applicable)
7. Mark an “X” in the appropriate square
8. Leave blank for Family Division to complete
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 (arrears payment must be at least 10% of the Annualized Periodic Amount) (Example: Two Hundred Thirty)
12. Annualized Periodic Amount = monthly support amount + monthly arrears payment (Example: $230.00)
13. Date payment is due = 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.
14. Retroactivity date (Generally the date the complaint for support or petition for modification was filed.)
15. Dollar amount of arrears (Example: $1,569.00) if left blank, the order must state Arrears to be set by PACSES in the Other Conditions (28).
16. Date arrears are to be set as of. Enter day if parties/attorneys are setting arrears or leave blank if parties/attorneys agree to have PACSES set case balance.
17. Child (ren)’s and/or Spouse’s full name for whom support is to be paid
18. Child (ren)’s and/or Spouse’s birth date (Example: 09/04/21)

Page 2

1. Plaintiff’s last name (Example: Brown v. Powell)
2. Defendant’s last name (Example: Brown v. Powell)
3. PACSES Number (Can be found on first page)
4. Total amount defendant owes monthly Annualized Periodic Amount + monthly arrears payment (Example: $230.00)
5. Annualized Periodic Amount – monthly support payment (Example: $200.00)
6. Monthly Arrears Payment = the arrears payment must be at least 10% of the Annualized Periodic Amount
7. Defendant’s agreed upon percentage of unreimbursed medical expenses (Example: 50%)
8. Plaintiff’s agreed upon percentage of unreimbursed medical expenses (Example: 50%)
9. 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 is not available at reasonable cost, the plaintiff has medical assistance or plaintiff has no cost CHIP, the box Both parties are ordered to provide medical coverage if available at a reasonable cost must be checked.)*
10. 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

1. Other Conditions = (The particulars of the parties’ agreement)
2. Leave blank (Fee portion is non collectable by the court)

Page 4

1. Leave blank for Family Division to complete
2. Plaintiff’s signature
3. Plaintiff’s counsel’s signature
4. Defendant’s signature
5. Defendant’s counsel’s 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**