STATE OF INDIANA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURT

In The Matter Of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Child in Need of Services

**FINANCIAL OBLIGATION ORDER**

*(Issue a separate order for each child)*

At this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(detention, dispositional, modification, periodic review, permanency, parental participation, financial review)* on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, the Indiana Department of Child Services, local office in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County (“DCS”) appears by its counsel, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and Family Case Manager, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (appears in person) (is excluded for good cause shown upon the record). The parent(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ appear in person (and by counsel). The (guardian *ad litem*) (CASA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ appears in person. The foster parent(s) or other caretaker \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (does) (does not) appear. Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Required notice of this hearing has been provided by DCS to parties and foster parent(s) or other caretaker(s) as applicable.

Accurate and current Child Support Guideline Worksheets have been entered into the record in this case and duly considered by the court.

**Cost Reimbursement (I.C. 31-40-1-3):**

The Court finds that the costs incurred by DCS for services provided for or on behalf of the child in this case \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name), are $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) See State’s Exhibit(s) “\_\_\_\_\_.”

[ ] Estimated costs for additional services through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) in this case are $\_\_\_\_\_\_\_\_\_\_\_\_\_. Estimated costs may be subject to change, depending on compliance with or amendments to the plan for services in this case.

[ ] (*if cost reimbursement ordered because presumption of indigency has been rebutted)*

1. Court specifically finds that

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

Name of Parent(s), Guardian or Custodian) (Address) is able to pay all or a portion of said services because \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and shall pay the sum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in payments of not less than $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Per (week) (month).

1. Court specifically finds that

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

Name of Parent(s), Guardian or Custodian) (Address) is able to pay all or a portion of said services because \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and shall pay the sum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in payments of not less than $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Per (week) (month).

For payment of reimbursement: All payments of reimbursement, (cash or otherwise), shall be made to the Indiana Department of Child Services (DCS) Cash Management, Room W364, Mail Stop 54, 402 W. Washington Street, Indianapolis, IN 46204-2739 until further order of this court.

**Child Support:**

[ ] I.C. 31-40-1-5(b) *(if assignment of existing child support order)* The existing child support order against \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under case number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is assigned to the Department of Child Services until further order of this court. The Clerk of Court is directed to notify the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Court of the assignment and assumption of jurisdiction by this Court.

[ ] I.C. 31-40-1-5(c) *(if no existing child support order)*

Father, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, shall pay support, in the amount of $\_\_\_\_\_\_\_\_\_\_ (if zero or none, insert $0.00) per\_\_\_\_\_\_\_\_\_\_\_\_\_ effective\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and each \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ thereafter until further order of this Court. See attached Child Support Guidelines Worksheet.

[ ] This amount deviates from the Child Support Guideline Worksheet amount of $\_\_\_\_\_\_. Pursuant to I.C. 31-40-1-5(c)(2), the court determines that a deviation is proper for the following reason(s):

[ ]Entry of an order based on the Child Support Guidelines would be unjust or inappropriate considering the best interests of the child and other necessary obligations of the child’s family

[ ]The Department of Child Services does not make foster care maintenance payments to the custodian of the child.

[ ] Other reason specified by the Court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, shall pay support, in the amount of $\_\_\_\_\_\_\_\_\_\_ (if zero or none, inset $0.00) per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and each\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ thereafter until further order of this Court. See attached Child Support Guidelines Worksheet.

[ ] This amount deviates from the Child Support Guideline Worksheet amount of $\_\_\_\_\_\_. Pursuant to I.C. 31-40-1-5(c)(2), the court determines that a deviation is proper for the following reason(s):

[ ]Entry of an order based on the Child Support Guidelines Worksheet would be unjust or inappropriate considering the best interests of the child and other necessary obligations of the child’s family

[ ]The Department of Child Services does not make foster care maintenance payments to the custodian of the child.

[ ] Other reason specified by the Court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Pursuant to the Health Insurance Premium Worksheet of the Child Support Guidelines:

[ ] Father/Mother/Both Parents (circle one) is/are ordered to maintain private health insurance.

[ ] Private health insurance is not available, accessible and/or reasonable in cost at this time. Father/Mother/Both/Neither Parent (circle one) is/are ordered to provide private health insurance when it becomes available at a reasonable cost.

For payment of Child Support: An immediate income withholding order shall issue to the child support obligor’s current and future income payors. Payments made by the child support obligor via personal check or money order shall be sent to the Indianan State Central Collection Unit (INSCCU) at P.O. Box 7130, Indianapolis, IN 40207-7130. Cash payments may be made to the \_\_\_\_\_\_\_\_\_\_\_ County Clerk, Child Support Division. . The child support payable under this order, as well as the cost of any medical care payable by the State under I. C. 12-15 is assigned to and shall be distributed to the Indiana Department of Child Services until further order of this court.

**SO ORDERED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Judge

Distribution: