

Cumberland County Domestic Relations Office
AGREEMENT WORKSHEET

PACSES # _____ **DOCKET #** _____

Plaintiff (print name) _____,

Employer/Address/Phone _____

Gross income per month \$ _____

IRS filing status – Single / Married / Married-Separated / Head of Household

IRS total Dependents _____ Daycare per month \$ _____

Monthly medical insurance coverage costs \$ _____

How many people on coverage _____ Children of this Order covered _____

Defendant (print name) _____,

Employer/Address/Phone _____

Gross income per month \$ _____

IRS filing status – Single / Married / Married-Separated / Head of Household

IRS total Dependents _____ Daycare per month \$ _____

Monthly medical insurance coverage costs \$ _____

How many people on coverage _____ Children of this Order covered _____

(OVER)

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We hereby agree to the entry of a Support Order:

Defendant is to pay \$_____ per month, payable via wage attachment, for the support of _____.

Pursuant to Cumberland County Domestic Relations policy, should any arrears exist on the account, a minimum of 10% shall be added to the order to be applied toward this outstanding balance.

Court ordered wage attachment will correspond with the Defendant's payroll schedule.

The order shall be effective as of this date: _____.

Credit amount for direct payments since the effective date \$_____.

Plaintiff shall pay the first \$250.00 of unreimbursed (uncovered) medical expenses. Unreimbursed medical expenses that exceed \$250.00 per child/spouse per calendar year are to be paid _____% by the Plaintiff and _____% by the Defendant.

Medical insurance coverage is provided by Plaintiff/Defendant (circle one).

Insurance provider _____

Policy number _____

Group number _____

**Please attach to this agreement a photocopy of the medical insurance card.*

Plaintiff

Date

Defendant

Date

Notary: Sworn and subscribed before me this

_____ day of _____, 20__.

(Notary's Signature)

CC316