

Cumberland County Domestic Relations Office  
**AGREEMENT WORKSHEET**

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**PACSES #**\_\_\_\_\_

**DOCKET #**\_\_\_\_\_

Plaintiff (print name) \_\_\_\_\_,

Employer/Address/Phone \_\_\_\_\_

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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 \_\_\_\_\_

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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.*

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Plaintiff

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Date

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Defendant

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Date

Notary: Sworn and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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(Notary's Signature)

CC316