

The State of New Hampshire

_____ County

Docket No. _____

SUPERIOR COURT
In The Matter Of
_____ and _____

Name and Address of Person Ordered to Pay Support (Obligor)

Name and Address of Person Receiving Support (Obligee)

SSN: _____

SSN: _____

Name of Employer: _____

Name of Employer: _____

Address of Employer: _____

Address of Employer: _____

DOB: _____

DOB: _____

Child(ren) to whom this order applies:

Full Name

Date of Birth

SSN

UNIFORM SUPPORT ORDER

NOTE: SECTIONS PRECEDED BY [] ARE ONLY PART OF THIS ORDER IF MARKED.

1. This order is entered
 after hearing
 upon approval of agreement
 upon default
2. This order is a
 temporary order
 final order
 enforcement order
3. This order modifies a final support obligation in accordance with:
 A three-year review (RSA 458-C:7) **OR** substantial change in circumstances, as follows:

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4. Obligor is ORDERED to PAY THE FOLLOWING AMOUNTS:
 CHILD SUPPORT: \$ _____ PER _____ (week, month, etc)
 Arrearage of \$ _____ as of _____, PAYABLE \$ _____ PER _____ (week, month, etc)
 Medical arrearage of \$ _____ as of _____, PAYABLE \$ _____ PER _____ (week, month, etc)
 SPOUSAL SUPPORT (ALIMONY): \$ _____ PER _____ (week, month, etc)
 Arrearage of \$ _____ as of _____, PAYABLE \$ _____ PER _____ (week, month, etc)
 Alimony shall terminate _____.
5. Payments on all ordered amounts shall begin on _____.
All ordered amounts shall be payable to Obligee Department of Health and Human Services
 Other _____
6. This order complies with the child support guidelines. RSA 458-C.
 This order, entered upon Obligor's default, is based on a reasonable estimate of Obligor's income. Compliance with the guidelines cannot be determined.
 The following special circumstances warrant an adjustment from the guidelines:
(See Instructions for these special circumstances and enter applicable circumstances below)

7. Support ordered is payable by immediate wage assignment.
8. The Court finds that there is good cause to suspend the immediate wage assignment because:
 Obligor and Obligee have agreed in writing.
 Payments have been timely and it would be in the best interest of the minor children(ren) because _____
9. Obligor is unemployed and **MUST REPORT EFFORTS TO SEEK EMPLOYMENT. (SEE STANDING ORDER 9)**

- 10. Obligor Obligee is ordered to provide health insurance to cover the child(ren) effective _____.
- 11. Health insurance coverage is not ordered at this time since it is not available through employment or group plan, is available at \$_____ per _____ (week/month), which amount is not deemed to be reasonable. When health insurance is available at reasonable cost, Obligor Obligee is ordered to immediately obtain coverage.
- 12. Uninsured medical expenses shall be paid in the following percentage amounts:
Obligor _____ % Obligee _____ %. Other _____.
- 13. Public assistance (TANF/AFDC) or medical assistance (Medicaid) is or was provided for the child(ren). Copies of pleadings related to medical coverage and child support were provided to the Department by mail to the Child Support Legal Office at 129 Pleasant Street, Concord, NH 03301.

- 14. Obligor Obligee is adjudicated the father of the minor child(ren) named above.
- 15. The clerk of the city(ies) of _____ shall enter the name of the father on the birth certificate(s) of the child(ren). The father's date of birth is _____ and his state of birth is _____.
- 16. The State of _____ has provided \$ _____ in support for the benefit of the minor child(ren) between _____ and _____ for _____ weeks. Obligor owes an arrearage to the state in the total amount of \$ _____ which is based on Obligor's current ability to pay support multiplied by the total number of weeks during which public support was paid, or the actual amount of public support paid, whichever is less.
- 17. The support arrearage owed to the state in paragraph 16 shall be paid through the DCSS by wage assignment as follows:
 In addition to the amounts ordered above, Obligor shall repay this arrearage at the rate of \$ _____ per _____.
 The arrearage shall be held in abeyance, without interest, so long as Obligor complies with all requirements of this order. The arrearage shall become due and payable at the rate of \$ _____ per _____ upon Obligor's failure to comply with the terms of this decree or at the rate of \$ _____ per _____ when the obligation to pay support terminates by order of the court or for any other reason.

VARIATION TO STANDING ORDER (SPECIFY PARAGRAPH #), ADDITIONAL AGREEMENT OR ORDER OF THE COURT

18.

_____	_____	_____
Obligor	Obligee	Staff Attorney Department of Health & Human Services
_____	_____	
Obligor's Attorney/Witness	Obligee's Attorney/Witness	
Date: _____	Date: _____	Date: _____

All paragraphs of this order, USO-FEB2001, (except those that have a check box and have not been selected) and all paragraphs of the Standing Order, USO-SO-FEB2001, (except variations in paragraph 18) are part of this order and apply to all parties.

Recommended:

_____	_____
SIGNATURE OF MASTER	DATE

Approved. SO ORDERED.

_____	_____
SIGNATURE OF JUDGE	DATE