

Martin Burns Plaintiff	vs	Gladys Burns Defendant	SUPERIOR COURT OF NEW JERSEY Chancery Division-Family Part Uniform Summary Support Order
---------------------------	----	---------------------------	---

<input type="checkbox"/> Obligor <input type="checkbox"/> Obligee	<input type="checkbox"/> Obligor <input type="checkbox"/> Obligee
HEARING DATE	WELFARE / U.I.F.S.A. #

COUNTY: _____
 DOCKET # _____
 CS# _____

With appearance by: **PL** **Atty for PL** _____ **DEF** **Atty for DEF** _____
 IV-D Atty _____ **County Probation Division** _____

This matter, opened to the court by: Plaintiff Defendant Welfare Agency Probation Div Family Div
 for an **ORDER** for: **Paternity** **Support** **Visitation** **Custody** **Enforcement** **Modification/Increase/Decrease**

1. State with Continuing Exclusive Jurisdiction:

CHILD'S NAME	BIRTH DATE	CHILD'S NAME	BIRTH DATE
2A. Andrea	3/2/2004	2D.	
2B. Burton	6/8/2012	2E.	
2C.		2F.	

3. **PATERNITY** of child(ren) (# above) _____ is hereby established and an **ORDER** of paternity is hereby entered.

4. A Certificate of Parentage has been filed for child(ren) # _____ above.

5. **IT IS HEREBY ORDERED:** The obligor shall pay support to the New Jersey Family Support Payment Center in the amount:

	+		+		=	0		
Child Support		Spousal Support		Arrears Payment		Total	Frequency	Effective Date

NOTE: Child support is subject to a biennial cost-of-living adjustment in accordance with R. 5:6B

6. Child Support Guidelines Order Deviation reason: _____

6A. Worksheet attached.

7. Support order administered and enforced by the Probation Division in the county of Venue, _____

8. **ARREARS** calculated at establishment hearing, based on amounts, effective date and total \$ _____.

9. **ARREARS** indicated in the records of the Probation Division, are \$ _____ as of _____.

10. **GROSS WEEKLY INCOMES** of the parties, as defined by the Child Support Guidelines, upon which this **ORDER** is based:
OBLIGEE \$ _____ **OBLIGOR \$** _____

11. **INCOME WITHHOLDING** is hereby **ORDERED** on current and future income sources, including:
 Name of income source: _____ Address of income source: _____

OBLIGOR SHALL, however, make payments **AT ANY TIME** that the full amount of support and arrears is not withheld.

12. **Medical Support** coverage as available at reasonable cost shall be provided for **child(ren)** **spouse**,
 by **Obligor** **Obligee** **Both**

The parties shall pay unreimbursable health care expenses of the child(ren) which exceed \$250.00 per child per year:

_____ % **Obligor** _____ % **Obligee**

Pursuant to R 5:6A the obligee shall be responsible for the first \$250.00 per child per year.

If coverage is available, Medical Insurance I.D. card(s) as proof of coverage for the child(ren)/spouse shall be provided immediately upon availability to the Probation Division by the:

Obligee **Obligor**

12A. Insurance currently provided by a non-party: _____

12B. Health insurance benefits are to be paid directly to the health care provider by the insurer.

