

NOTICE TO THE BAR

FAMILY DIVISION – PROMULGATION OF FORMS FORMERLY CONTAINED IN DELETED RULES APPENDICES

On the recommendation of the Family Practice Committee, the Supreme Court, as part of its July 21, 2011 Omnibus Rule Amendment Order, deleted the five Rules Appendices listed below, effective September 1, 2011. The Practice Committee had recommended that the forms that had been contained in those five Rules Appendices instead be promulgated by the Administrative Director of the Courts.

Appendix XIII - Certification of Child Support Arrears
Appendix XIV - Financial Statement for Summary Support Actions
Appendix XVI - Uniform Summary Support Order
Appendix XVII - Temporary Support Order
Appendix XXIV - Confidential Litigant Information Sheet

Accordingly, the following five standard forms as appended to this notice are promulgated for use effective September 1, 2011:

- (1) Certification of Child Support Arrears (see Rule 4:101-5)
- (2) Financial Statement for Summary Support Actions (see Rule 5:5-3)
- (3) Uniform Summary Support Order (see Rule 5:7-4(b))
- (4) Temporary Support Order (see Rule 5:7-4(b))
- (5) Confidential Litigant Information Sheet (see Rules 5:4-2(g), 5:5-3, and 5:7-4(b))

In addition to being published with this notice, these five forms also can be found on the Judiciary's website – www.njcourts.com (go first to the dropdown menu "Forms", then "Legal Practice Forms", then click on the link labeled "Family").

/s/Glenn A. Grant

Glenn A. Grant, J.A.D.
Acting Administrative Director

Dated: August 29, 2011

_____ Plaintiff/Oblig_____	vs.	Superior Court of New Jersey Chancery Division - Family Part County of _____ Docket No. _____ Judgment No. JCS _____
_____ Defendant/Oblig_____		Certification of Child Support Arrears

As of _____, 20____, the obligor in the above captioned matter owes \$_____ in past-due child support payments and \$_____ in post-judgment interest.

The undersigned certifies that the foregoing is a true and accurate record of outstanding judgment for child support entered in accordance with *N.J.S.A. 2A:17-56.23a*.

 Title: _____
 _____ County Probation Division

FINANCIAL STATEMENT FOR SUMMARY SUPPORT ACTIONS

Attorney(s):
Office Address and Tel. Nos.:
Attorney for

_____ Plaintiff	SUPERIOR COURT OF NEW JERSEY
vs.	CHANCERY DIVISION – FAMILY PART
_____ Defendant	COUNTY OF _____
	DOCKET NO. _____
	FINANCIAL STATEMENT FOR
	SUMMARY SUPPORT ACTIONS

PART A – PERSONAL INFORMATION: *Provide the following information about yourself*

Name (last, first, middle):	Social Security No.:
Address:	Home Phone No.:
Employer:	Occupation:

PART B – GROSS WEEKLY INCOME: *Report your weekly income. Divide monthly by 4.3; bi-weekly by 2.*

1. Salary, wages, commission, bonuses and other payment for services performed:	\$
2. Income from operating a business minus ordinary and Necessary expenses:	\$
3. Social Security Retirement (<i>over 62, green check</i>):	\$
4. Social Security Disability (<i>green check</i>):	\$
5. Veterans' Administration pension:	\$
6. Worker's compensation:	\$
7. Other pensions, disability or retirement income:	\$

8. Unemployment compensation:	\$
9. Interest, dividends, annuities or other investment income:	\$
10. Income from the sale, trade or conversion of capital assets:	\$
11. Income from an estate of a decedent (a will):	\$
12. Alimony or separate maintenance from a previous marriage:	\$
13. Income from Trusts:	\$
14. Other income (<i>specify</i>):	\$
15. Other income (<i>specify</i>):	\$
Total Gross Income (<i>add lines 1 through 15</i>):	\$

PART C – WEEKLY EXEMPTIONS: *Report the following deductions from your weekly income.*

1. Number of tax exemptions claimed:	
2. Mandatory union dues:	\$
3. Mandatory retirement contributions:	\$
4. Health insurance premium (<i>must include child(ren) named in the complaint</i>):	\$
5. Alimony or child support orders paid (<i>State: _____ Case No. _____</i>):	\$

PART D – OTHER DEPENDENT DEDUCTION: *Complete this section only if (1) you are legally responsible for supporting a child or children other than those named in the support complaint or application, (2) the child or children are living with you and (3) you are requesting credit for the amount spent on raising the other child or children when the support award is calculated. You are legally responsible for all children that are yours by birth or adoption. Answer the questions about the other parent of the child or children for whom you are requesting the credit (for example, your current spouse who is the biological mother/father of at least one of your children).*

1. Number of other legal dependents (you must provide proof of the legal relationship):	
2. Number of tax exemption the parent of the other child(ren) claims:	
3. Weekly gross income of the parent of the other child(ren):	\$

- | | |
|---|----|
| 4. Mandatory union dues of the parent of the other child(ren): | \$ |
| <hr/> | |
| 5. Mandatory retirement contributions of the parent of the other child(ren): | \$ |
| <hr/> | |
| 6. Health insurance premiums paid by the parent of the other child(ren) | \$ |
| <hr/> | |
| 7. Alimony or child support orders paid by the parent of the other child(ren) | \$ |
| <hr/> | |

PART E – CREDIT FOR CHILD CARE EXPENSES: *(Complete this section only if (1) you pay for work-related child care for a child or children for whom you and the other parent share a legal responsibility to support and (2) you are requesting a credit for these expenses when your support amount is calculated).*

- | | |
|---|----|
| 1. Annual child care cost (if paid weekly divide by 52;
If monthly divide by 4.3): | \$ |
| <hr/> | |
| 2. Child care provider: | |
| <hr/> | |

PART F – INCOME PAID TO YOUR CHILD(REN) IN YOUR NAME: *(Complete if your child(ren) receive(s) regular payment from a government source in your name (e.g., social security, black lung or veteran's benefits).*

- | | |
|---|----|
| 1. Source of benefit(s): | |
| <hr/> | |
| 2. Weekly amount of benefits (attach verification): | \$ |
| <hr/> | |

PART G – HEALTH INSURANCE BENEFITS: *Answer the following about your health insurance benefits.*

- | | |
|-------------------------------|---|
| 1. Health insurance provider: | 2. Includes child(ren) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | |
| 3. Policy carrier: | 4. Date coverage began: |
| <hr/> | |

PART H – CERTIFICATION

I certify that the foregoing statements made by me are true to the best of my knowledge. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Date:	Signature:
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IMPORTANT: You must attach a copy of your last federal tax form or your three most recent pay stubs to verify your income. Self-employed persons and business owners must attach a copy of the most recent federal tax forms for their business. If you are requesting a credit or deduction, you must attach proof of your expenses or obligations.

PLAINTIFF VS DEFENDANT		SUPERIOR COURT OF NEW JERSEY <i>Chancery Division-Family Part</i> UNIFORM SUMMARY SUPPORT ORDER				
<input type="checkbox"/> <i>Obligor</i> <input type="checkbox"/> <i>Obligee</i> <input type="checkbox"/> <i>Obligor</i> <input type="checkbox"/> <i>Obligee</i>		COUNTY: _____				
HEARING DATE / /	WELFARE / U.I.F.S.A. #	DOCKET # _____ CS# _____				
With appearance by: <input type="checkbox"/> PL <input type="checkbox"/> Atty for PL _____ <input type="checkbox"/> DEF <input type="checkbox"/> Atty for DEF _____ <input type="checkbox"/> IV-D Atty _____ <input type="checkbox"/> County Probation Division _____						
This matter having been opened to the court by: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> County Welfare Agency <input type="checkbox"/> Probation Division <input type="checkbox"/> Family Division for an ORDER for: <input type="checkbox"/> Paternity <input type="checkbox"/> Support <input type="checkbox"/> Visitation <input type="checkbox"/> Custody <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification / Increase / Decrease						
1. State with Continuing Exclusive Jurisdiction :						
CHILD'S NAME	BIRTH DATE	CHILD'S NAME	BIRTH DATE			
2A.		2D.				
2B.		2E.				
2C.		2F.				
3. <input type="checkbox"/> PATERNITY of child(ren) (# above) _____ is hereby established and an ORDER of paternity is hereby entered.						
4. <input type="checkbox"/> A Certificate of Parentage has been filed for child(ren) # _____ above.						
5. <input type="checkbox"/> IT IS HEREBY ORDERED THAT: The obligor shall pay support to the New Jersey Family Support Payment Center in the amount of:						
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Child Support	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Spousal Support	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Arrears Payment	<div style="border: 2px solid black; height: 40px; width: 100%;"></div> Total	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> payable	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> effective	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Date
NOTE: Child support is subject to a biennial cost-of-living adjustment in accordance with R. 5:6B						
6. <input type="checkbox"/> Child Support Guidelines Order <input type="checkbox"/> Deviation reason: _____						
6A. <input type="checkbox"/> Worksheet attached.						
7. <input type="checkbox"/> Support order shall be administered and enforced by the Probation Division in the county of Venue, _____ County.						
8. <input type="checkbox"/> ARREARS calculated at establishment hearing are based upon amounts and effective date noted above and total \$ _____.						
9. <input type="checkbox"/> ARREARS indicated in the records of the Probation Division, are \$ _____ as of ____/____/____.						
10. <input type="checkbox"/> GROSS WEEKLY INCOMES of the parties, as defined by the Child Support Guidelines, upon which this ORDER is based: OBLIGEE \$ _____ OBLIGOR \$ _____						
11. <input type="checkbox"/> 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. <input type="checkbox"/> Medical Support coverage as available at reasonable cost shall be provided for the <input type="checkbox"/> child(ren) <input type="checkbox"/> spouse , by Obligor <input type="checkbox"/> Obligee <input type="checkbox"/> Both <input type="checkbox"/> The parties shall pay unreimbursable health care expenses of the child(ren) which exceed \$250.00 per child per year as follows: _____ % 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: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor						
12A. <input type="checkbox"/> Insurance currently provided by a non-party: _____						
12B. <input type="checkbox"/> Health insurance benefits are to be paid directly to the health care provider by the insurer.						

13. ☐ **GENETIC TESTING** to assist the court in determining paternity of the child(ren) (#_____) is hereby **ORDERED**. The county welfare agency or the foreign jurisdiction in the county of residence of the child shall bear the cost of said testing, without prejudice to final allocation of said costs. If defendant is later adjudicated the father of said child(ren), defendant shall reimburse the welfare agency for the costs of said tests, and pay child support retroactive to ____/____/____.

13A. ☐ Issues of reimbursement reserved.

13B. ☐ Issue of retroactive order reserved.

14. ☐ This matter is hereby **RELISTED** for a hearing on ____/____/____ before _____. A copy of this **ORDER** shall serve as the summons for the hearings. **No further notice for appearance shall be given.** Failure to appear may result in a default order, bench warrant, or dismissal. Reason for relist:

15. ☐ **AN EMPLOYMENT SEARCH MUST BE CONDUCTED BY THE OBLIGOR.** Written records of at least #____ employment contacts per week must be presented to the Probation Division. If employed, proof of income and the full name and address of employer must be provided immediately to the Probation Division.

16. ☐ **SERVICE** upon which this order is based:

Personal Service

☐ **Certified Mail:**

☐ **Refused**

☐ **Regular Mail (not returned)**

Date: ____/____/____

☐ **Signed by:** _____

☐ **Returned Unclaimed**

☐ **Other:**

17. ☐ **A BENCH WARRANT** for the arrest of the obligor is hereby **ORDERED**. The obligor was properly served with notice for court appearance on ____/____/____, and failed to appear. (Service noted above). An amount of \$_____ shall be required for release.

18. ☐ **EFFECTIVE** ____/____/____ **FUTURE MISSED PAYMENT(S)** numbering _____ or more may result in the issuance of a warrant, without further notice.

19. ☐ **A LUMP SUM PAYMENT OF \$_____** must be made by the obligor by ____/____/____, or a bench warrant may be issued without further notice.

20. ☐ This complaint / motion is hereby **DISMISSED**: (reason) _____

21. ☐ Order of Support is hereby **TERMINATED** effective ____/____/____, as _____. Arrears accrued prior to effective date, if any, shall be paid at the rate and frequency noted on page number one of this **ORDER**.

22. ☐ **THIS ORDER IS ENTERED BY DEFAULT.** The ☐ obligor ☐ obligee was properly served to appear for a hearing on ____/____/____ and failed to appear. **22A.** ☐ Affidavit of Non-Military Service is filed.

23. ☐ It is further **ORDERED**: _____

EXCEPT AS PROVIDED HEREIN, ALL PRIOR ORDERS OF THE COURT REMAIN IN FULL FORCE AND EFFECT.

I hereby declare that I understand all provisions of this **ORDER** recommended by a Hearing Officer and I waive my right to an immediate appeal to a Superior Court Judge:

PLAINTIFF _____ **DEFENDANT** _____

ATTORNEY FOR PLAINTIFF _____ **ATTORNEY FOR DEFENDANT** _____

24. ☐ **INTAKE CONFERENCE BY AUTHORIZED COURT STAFF:**

25. ☐ The parties request the termination of all Title IV-D services and consent to direct payment of support. They are advised that all monitoring, collection, enforcement and location services available under Title IV-D of the Social Security Act are no longer in effect. I understand I may reapply for Title IV-D services.

_____ obligee

_____ obligor

26. ☐ Copies provided at hearing to ☐ obligee ☐ obligor

26A. ☐ Copies to be mailed to ☐ obligee ☐ obligor

TAKE NOTICE THAT THE NEW JERSEY UNIFORM SUPPORT NOTICES WHICH ARE PROVIDED IN APPENDIX XVI OF THE RULES OF COURT, AND WHICH FOLLOW, ARE INCORPORATED INTO THIS ORDER BY REFERENCE AND ARE BINDING ON ALL PARTIES.

So **Recommended** to the Court by the Hearing Officer:

Date ____/____/____ **H.O.** _____

Signature _____

So **Ordered** by the Court:

Date ____/____/____ **Judge** _____

Signature _____

J.S.C.

UNIFORM SUMMARY SUPPORT ORDER (*R. 5:7-4*)

NEW JERSEY UNIFORM SUPPORT NOTICES

**PURSUANT TO R. 5:7-4(f), TAKE NOTICE THAT THE FOLLOWING PROVISIONS
ARE TO BE CONSIDERED PART OF THIS ORDER AND ARE BINDING ON ALL
PARTIES:**

1. You must continue to make all payments until the court order is changed by another court order.
2. You must file a **WRITTEN** request to the Family Division in the county in which the order was entered in order for the court to consider a change in the support order. Contact the Family or Probation Division to find out how to do this. It is important that you request a change as soon as possible after your income or the child(ren)'s status changes. In most cases, if you delay making your request, and you are the obligor, you will have to pay the original amount of support until the date of your written request.
3. Payments must be made directly to the New Jersey Family Support Payment Center, P.O. Box 4880, Trenton, NJ 08650, unless the court directs otherwise. Payments may be made by money order, check, direct debit from your checking account, or credit card. Gifts, other purchases, or in-kind payments made directly to the obligee or child(ren) will not fulfill the support obligation. Credit for payments made directly to the obligee or child(ren) may not be given without a court order.
4. No payment or installment of an order for child support, or those portions of an order that are allocated for child support, shall be retroactively modified by the court except for the period during which the party seeking relief has pending an application for modification as provided in *N.J.S.A. 2A:17-56.23a*. (*R. 5:7-4(e)*).
5. The amount of child support and/or the addition of a health care coverage provision in Title IV-D cases shall be subject to review at least once every three years, on written request by either party to the Division of Family Development, P.O. Box 716, Trenton, NJ 08625-0716, as appropriate, or upon application to the court. (*N.J.S.A. 2A: 17-56.9a; R. 5:7-4(e)*).
6. In accordance with *N.J.S.A. 2A:34-23b*, the custodial parent may require the non-custodial parent's health care coverage provider to make payments directly to the health care provider by submitting a copy of the relevant sections of the order to the insurer. (*R. 5:7-4(e)*).
7. Social Security numbers are collected and used in accordance with section 205 of the Social Security Act (42 *U.S.C.* 405). Disclosure of an individual's Social Security number for Title IV-D purposes is mandatory. Social Security numbers are used to obtain income, employment, and benefit information on individuals through computer matching programs with federal and state agencies, and such information is used to establish and enforce child support under Title IV-D of the Social Security Act (42 *U.S.C.* 651 et seq.). Any person who willfully and with the intent to deceive, uses a Social Security number obtained on the basis of false information provided to Social Security Administration or provides a false or inaccurate Social Security number is subject to a fine or imprisonment. (42 *U.S.C.* 408(7); *R. 5:7-4(e)*).

8. The United States Secretary of State is required to refuse to issue or renew a passport to any person certified as owing a child support arrearage exceeding the statutory amount. In addition, the U.S. Secretary of State may take action to revoke, restrict or limit a passport previously issued to an individual owing such a child support arrearage. (42 U.S.C. 652(k)).
9. Failure to appear for a hearing to establish or to enforce an order, or failure to comply with the support provisions of this order may result in incarceration. The obligee and obligor shall notify the appropriate Probation Division of any changes in address, employment status, health care coverage, or a change in the address or status of the child(ren). Changes must be reported in writing to the Probation Division within 10 days of the change. Not providing this information is a violation of this Order. The last address you give to Probation will be used to send you notices. If you fail to appear, a default order may be entered against you or a warrant may be issued for your arrest (*R. 5:7-4(e)*).
10. Any payment or installment for child support shall be fully enforceable and entitled to full faith and credit and shall be a judgment by operation of law on or after the date it is due (*N.J.S.A. 2A:17-56.23a*). Any non-payment of child support you owe has the effect of a lien against your property. This child support lien may affect your ability to obtain credit or to sell your property. Failure to remit timely payment automatically results in the entry of a judgment against the obligor and post-judgment interest may be charged. Judgments [also] accrue interest at the rate prescribed by Rule 4:42- 11(a). (*R. 5:7-4(e)*, *5:7-5(g)*). Before the satisfaction of the child support judgment, any party to whom the child support is owed has the right to request assessment of post-judgment interest on child support judgments.
11. All child support obligations are payable by income withholding unless otherwise ordered. If immediate income withholding is not required when an order is entered or modified, the child support provisions of the order may be subject to income withholding when the amount due becomes equal to, or in excess of the amount of support due for 14 days. The withholding is effective against the obligor's current and future income from all sources authorized by law. (*R. 5:7-4(e)*, *R. 5:7-5*).
12. The occupational, recreational, and professional licenses, including a license to practice law, held or applied for by the obligor may be denied, suspended or revoked if: 1) a child support arrearage accumulates that is equal to or exceeds the amount set by statute, or 2) the obligor fails to provide health care coverage for the child as ordered by the court, or 3) a warrant for the obligor's arrest has been issued by the court for obligor's failure to pay child support as ordered, or for obligor's failure to appear at a hearing to establish paternity or child support, or for obligor's failure to appear at a child support hearing to enforce a child support order and said warrant remains outstanding. (*R. 5:7-4(e)*).
13. The driver's license held or applied for by the obligor may be denied, suspended, or revoked if 1) a child support arrearage accumulates that is equal to or exceeds the amount set by statute, or 2) the obligor fails to provide health care coverage for the child as ordered by the court. The driver's license held or applied for by the obligor shall be denied, suspended, or revoked if the court issues a warrant for the obligor's arrest for failure to pay child support as ordered, or for failure to appear at a hearing to establish paternity or child support, or for failure to appear at a child support hearing to enforce a child support order and said warrant remains outstanding. (*R. 5:7-4(e)*).

14. The name of any delinquent obligor and the amount of overdue child support owed will be reported to consumer credit reporting agencies as a debt owed by the obligor, subject to all procedural due process required under State law. (*N.J.S.A. 2A: 17-56.21*).
15. Child support arrears may be reported to the Internal Revenue Service and the State Division of Taxation. Tax refunds/homestead rebates due the obligor may be taken to pay arrears (*N.J.S.A. 2A:17-56.16*).
16. Child support arrears shall be paid from the net proceeds of any lawsuit, settlement, civil judgment, civil arbitration award, inheritance or workers' compensation award to a prevailing party or beneficiary before any monies are disbursed. (*N.J.S.A. 2A:17-56.23b*).
17. Periodic or lump sum payments from State or local agencies, including lotteries, unemployment compensation, workers' compensation or other benefits, may be seized or intercepted to satisfy child support arrearages. (*N.J.S.A. 2A:17-56.53*).
18. If you owe past due child support, your public or private retirement benefits, and assets held in financial institutions may be attached to satisfy child support arrearages. (*N.J.S.A. 2A:17-56.53*).
19. A person under a child support obligation, who willfully fails to provide support, may be subject to criminal penalties under State and Federal law. Such criminal penalties may include imprisonment and/or fines. (*N.J.S.A. 2C:24-5; N.J.S.A. 2C:62-1; 18 U.S.C.A. 22*).
20. If this order contains any provision concerning custody and/or parenting time, both parties are advised: Failure to comply with the custody provisions of this court order may subject you to criminal penalties under *N.J.S.A. 2C:13-4*, **Interference with Custody**. Such criminal penalties include, but are not limited to, imprisonment, probation, and/or fines.
Si usted deja de cumplir con las clausulas de custodia de esta orden del tribunal, puede estar sujeto (sujeta) a castigos criminales conforme a *N.J.S.A. 2C:13-4*, **Interference with Custody, (Obstruccion de la Custodia)**. Dichos castigos criminales incluyen pero no se limitan a encarcelamiento, libertad, multas o una combinacion de los tres.

Superior Court Of New Jersey, Chancery Division, Family Part
TEMPORARY SUPPORT ORDER

Plaintiff:	Defendant:	Docket No.
		County:
Plaintiff's Attorney:	Defendant's Attorney:	Probation Account No.:
		CS

Pursuant to a proceeding before the Superior Court, Chancery Division, Family Part on this day, it is ordered that:

1. The ☐ Plaintiff ☐ Defendant make support payments and/or provide health care coverage as set forth below.
- ☐ 2. Support payments shall be paid through an income withholding issued pursuant to N.J.S.A. 2A:17-56.7a., et seq. The obligor must make support payments directly to the New Jersey Family Support Payment Center, Post Office Box 4880, Trenton, New Jersey 08650, until the support payments are withheld from the obligor's income. Payments shall commence on the effective date of this order and shall be administered and enforced by the _____ Probation Division.
- ☐ 3. Income withholding is not ordered. Support payments shall be administered and enforced by the _____ Probation Division. The obligor must make support payments directly to the New Jersey Family Support Payment Center, Post Office Box 4880, Trenton, New Jersey 08650. Payments shall commence on the effective date of this order.
- ☐ 4. Support payments shall be made by direct payments from the obligor to the obligee.
- ☐ 5. ☐ Plaintiff ☐ Defendant is required to provide health care coverage for the child(ren).
6. This Temporary Order shall remain in effect until the entry of a final judgment or a subsequent order in this matter is submitted to the above Probation Division. Parties paying support through the NJ Family Support Payment Center are also required to include a Confidential Litigant Information Statement unless one has been provided prior to the submission of this Temporary Support Order. R. 5:7-4(b).

Child Support Amount:	Spousal Support Amount:	Arrears Payment:
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Effective Date:	Frequency <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly
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Child's Name	Date of Birth	Child's Name	Date of Birth
1.		5.	
2.		6.	
3.		7.	
4.		8.	

☐ Arrears are to be calculated based upon the amounts and effective date noted above.

So ORDERED by the Court:

Date:

, J.S.C.

NEW JERSEY UNI FORM SUPPORT NOTICES

PURSUANT TO R. 5:7-4(f), TAKE NOTICE THAT THE FOLLOWING PROVISIONS ARE TO BE CONSIDERED PART OF THIS ORDER AND ARE BINDING ON ALL PARTIES:

1. You must continue to make all payments until the court order is changed by another court order.
2. You must file a **WRITTEN** request to the Family Division in the county in which the order was entered in order for the court to consider a change in the support order. Contact the Family or Probation Division to find out how to do this. It is important that you request a change as soon as possible after your income or the child(ren)'s status changes. In most cases, if you delay making your request, and you are the obligor, you will have to pay the original amount of support until the date of your written request.
3. Payments must be made directly to the New Jersey Family Support Payment Center, P.O. Box 4880, Trenton, NJ 08650, unless the court directs otherwise. Payments may be made by money order, check, direct debit from your checking account, or credit card. Gifts, other purchases, or in-kind payments made directly to the obligee or child(ren) will not fulfill the support obligation. Credit for payments made directly to the obligee or child(ren) may not be given without a court order.
4. No payment or installment of an order for child support, or those portions of an order that are allocated for child support, shall be retroactively modified by the court except for the period during which the party seeking relief has pending an application for modification as provided in *N.J.S.A. 2A:17-56.23a*. (*R. 5:7-4(e)*).
5. The amount of child support and/or the addition of a health care coverage provision in Title IV-D cases shall be subject to review at least once every three years, on written request by either party to the Division of Family Development, P.O. Box 716, Trenton, NJ 08625-0716, as appropriate, or upon application to the court. (*N.J.S.A. 2A: 17-56.9a; R. 5:7-4(e)*).
6. In accordance with *N.J.S.A. 2A:34-23b*, the custodial parent may require the non-custodial parent's health care coverage provider to make payments directly to the health care provider by submitting a copy of the relevant sections of the order to the insurer. (*R. 5:7-4(e)*).
7. Social Security numbers are collected and used in accordance with section 205 of the Social Security Act (42 *U.S.C.* 405). Disclosure of an individual's Social Security number for Title IV-D purposes is mandatory. Social Security numbers are used to obtain income, employment, and benefit information on individuals through computer matching programs with federal and state agencies, and such information is used to establish and enforce child support under Title IV-D of the Social Security Act (42 *U.S.C.* 651 et seq.). Any person who willfully and with the intent to deceive, uses a Social Security number obtained on the basis of false information provided to Social Security Administration **or** provides a false or inaccurate Social Security number is subject to a fine or imprisonment. (42 *U.S.C.* 408(7); *R. 5:7-4(e)*).
8. The United States Secretary of State is required to refuse to issue or renew a passport to any person certified as owing a child support arrearage exceeding the statutory amount. In addition, the U.S. Secretary of State may take action to revoke, restrict or limit a passport previously issued to an individual owing such a child support arrearage. (42 *U.S.C.* 652(k)).
9. Failure to appear for a hearing to establish or to enforce an order, or failure to comply with the support provisions of this order may result in incarceration. The obligee and obligor shall notify the appropriate Probation Division of any changes in address, employment status, health care coverage, or a change in the address or status of the child(ren). Changes must be reported in writing to the Probation Division within 10 days of the change. Not providing this information is a violation of this Order. The last

address you give to Probation will be used to send you notices. If you fail to appear, a default order may be entered against you or a warrant may be issued for your arrest (*R. 5:7-4(e)*).

10. Any payment or installment for child support shall be fully enforceable and entitled to full faith and credit and shall be a judgment by operation of law on or after the date it is due (*N.J.S.A. 2A:17-56.23a*). Any non-payment of child support you owe has the effect of a lien against your property. This child support lien may affect your ability to obtain credit or to sell your property. Failure to remit timely payment automatically results in the entry of a judgment against the obligor and post-judgment interest may be charged. Judgments accrue interest at the rate prescribed by Rule 4:42- 11(a). (*R. 5:7-4(e)*, *5:7-5(g)*). Before the satisfaction of the child support judgment, any party to whom the child support is owed has the right to request assessment of post-judgment interest on child support judgments.
11. All child support obligations are payable by income withholding unless otherwise ordered. If immediate income withholding is not required when an order is entered or modified, the child support provisions of the order may be subject to income withholding when the amount due becomes equal to, or in excess of the amount of support due for 14 days. The withholding is effective against the obligor's current and future income from all sources authorized by law. (*R. 5:7-4(e)*, *R. 5:7-5*).
12. The occupational, recreational, and professional licenses, including a license to practice law, held or applied for by the obligor may be denied, suspended or revoked if: 1) a child support arrearage accumulates that is equal to or exceeds the amount set by statute, or 2) the obligor fails to provide health care coverage for the child as ordered by the court, or 3) a warrant for the obligor's arrest has been issued by the court for obligor's failure to pay child support as ordered, or for obligor's failure to appear at a hearing to establish paternity or child support, or for obligor's failure to appear at a child support hearing to enforce a child support order and said warrant remains outstanding. (*R. 5:7-4(e)*).
13. The driver's license held or applied for by the obligor may be denied, suspended, or revoked if 1) a child support arrearage accumulates that is equal to or exceeds the amount set by statute, or 2) the obligor fails to provide health care coverage for the child as ordered by the court. The driver's license held or applied for by the obligor shall be denied, suspended, or revoked if the court issues a warrant for the obligor's arrest for failure to pay child support as ordered, or for failure to appear at a hearing to establish paternity or child support, or for failure to appear at a child support hearing to enforce a child support order and said warrant remains outstanding. (*R. 5:7-4(e)*).
14. The name of any delinquent obligor and the amount of overdue child support owed will be reported to consumer credit reporting agencies as a debt owed by the obligor, subject to all procedural due process required under State law. (*N.J.S.A. 2A: 17-56.21*).
15. Child support arrears may be reported to the Internal Revenue Service and the State Division of Taxation. Tax refunds/homestead rebates due the obligor may be taken to pay arrears (*N.J.S.A. 2A:17-56.16*).
16. Child support arrears shall be paid from the net proceeds of any lawsuit, settlement, civil judgment, civil arbitration award, inheritance or workers' compensation award to a prevailing party or beneficiary before any monies are disbursed. (*N.J.S.A. 2A:17-56.23b*).
17. Periodic or lump sum payments from State or local agencies, including lotteries, unemployment compensation, workers' compensation or other benefits, may be seized or intercepted to satisfy child support arrearages. (*N.J.S.A. 2A:17-56.53*).
18. If you owe past due child support, your public or private retirement benefits, and assets held in financial institutions may be attached to satisfy child support arrearages. (*N.J.S.A. 2A:17-56.53*).

19. A person under a child support obligation, who willfully fails to provide support, may be subject to criminal penalties under State and Federal law. Such criminal penalties may include imprisonment and/or fines. (*N.J.S.A. 2C:24-5*; *N.J.S.A. 2C:62-1*; 18 *U.S.C.A. 22*).
20. If this order contains any provision concerning custody and/or parenting time, both parties are advised: Failure to comply with the custody provisions of this court order may subject you to criminal penalties under *N.J.S.A. 2C:13-4*, **Interference with Custody**. Such criminal penalties include, but are not limited to, imprisonment, probation, and/or fines.
- Si usted deja de cumplir con las clausulas de custodia de esta orden del tribunal, puede estar sujeto (sujeta) a castigos criminales conforme a *N.J.S.A. 2C:13-4*, **Interference with Custody, (Obstruccion de la Custodia)**. Dichos castigos criminales incluyen pero no se limitan a encarcelamiento, libertad, multas o una combinacion de los tres.

Confidential Litigant Information Sheet (R. 5:4-2(g))

To Assure Accuracy of Court Records

To be filled out by plaintiff or defendant or attorney

*Collection of the following information is pursuant to N.J.S.A. 2A:17-56.60 and R. 5:7-4.**Confidentiality of this information must be maintained.*

Docket #		CS				
Your Name (last, first, middle initial):						
Are You: <input type="checkbox"/> Plaintiff or <input type="checkbox"/> Defendant? (check one)		Social Security Number	Date of Birth	Place of Birth	Driver's License Number (state of issuance)	
Active Domestic Violence Order in this case? <input type="checkbox"/> Yes or <input type="checkbox"/> No (check one)						
Address				Telephone Number		
Employer Name and Address (or other income source)				Telephone Number		
Professional, Occupational, Recreational Licenses (Types and Numbers)			Attorney Name and Address			
Health Coverage for Children (available through parent filling out this form)						
Health Care Provider _____		Policy # _____		Group # _____		
Dental Care Provider _____		Policy # _____		Group # _____		
Prescription Drug Provider _____		Policy # _____		Group # _____		
Children Information						
Name (last, first, middle initial)		Date of Birth	Race	Sex	Social Security Number	Place of Birth
1.						
2.						
3.						
4.						
5.						
6.						
Sex	Race	Height	Weight	Eyes	Hair	
Auto License Plate # (State of issuance)	Car (model, make, year)					
I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.						
Date _____			Signature _____			