

FORM OCAJ-7A. ORDER FOR SUPPORT, HEALTH INSURANCE AND INCOME ASSIGNMENT

ORDER FOR SUPPORT, HEALTH INSURANCE AND INCOME ASSIGNMENT	Trial Court of Massachusetts <input checked="" type="checkbox"/> District Court <input type="checkbox"/> Probate & Family Court <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Boston Municipal Court	DOCKET NUMBER
NAME, ADDRESS AND ZIP CODE OF OBLIGOR _____ _____ _____ NAME, ADDRESS AND ZIP CODE OF EMPLOYER OR OTHER SOURCE OF INCOME _____ _____ _____	NAME AND ADDRESS OF COURT DIVISION _____ _____ _____ _____ COURT TELEPHONE NUMBER _____ SOCIAL SECURITY NUMBER OF OBLIGOR _____ NAME OF OBLIGEE _____ SOCIAL SECURITY NUMBER OF OBLIGEE _____	
I. SUPPORT PAYMENT TERMS		
1. The above-named Obligor is ORDERED , after hearing or upon default, to provide support payments in the sum of \$ _____ <input checked="" type="checkbox"/> weekly <input type="checkbox"/> monthly. Payments shall begin on _____ (date) \$ _____ shall be considered current child support and \$ _____ current spousal support. \$ _____ shall be applied against an arrearage of \$ _____ for child support and \$ _____ for spousal support.		
2. The court found the Obligor to be in arrears for 12 or more weeks. <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
3. Upon satisfaction of the above arrearage, the required payment shall be \$ _____ <input type="checkbox"/> weekly <input checked="" type="checkbox"/> monthly		
4. Payments shall be made payable to: <u>COMMONWEALTH OF MASSACHUSETTS</u> Payments shall be sent to: <u>DOR/CSE, P.O. BOX 55144, BOSTON, MA 02205-5144</u>		
5. If order is on behalf of more than one payee, specify allocation: _____		
6. <input type="checkbox"/> Check here if this is a modification which supersedes an existing order.		
II. HEALTH INSURANCE COVERAGE TERMS		
1. <input checked="" type="checkbox"/> Whereas the Obligor has health insurance or other health coverage available through an employer or organization or has such insurance or coverage available to him at reasonable cost that may be extended to cover the child(ren) or spouse for whom support is ordered, the Obligor is ordered to provide health insurance, effective _____ (date) Policy No. _____ Insurer _____		
2. Should health insurance not be provided for any period for which it is ordered, the amount of the order for current support is increased for that period to \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly		
3. <input type="checkbox"/> Whereas the above conditions are not met, health insurance is not ordered for said child(ren) and/or spouse.		
III. INCOME ASSIGNMENT TERMS		
1. This income assignment is: <input checked="" type="checkbox"/> to take effect immediately. (It will take effect on the pay period beginning 3 days after the employer or other source of income receives this order.)		
OR		
<input type="checkbox"/> suspended. (Pursuant to a written agreement of the parties, or finding of the court that good cause exists to suspend the order, payments will be made directly by the Obligor as provided above. However, state law requires the automatic implementation of the assignment without further hearing if at any time the Obligor owes an amount equivalent to 14 days' worth of support. At that time, the Obligor will receive notice and be informed as to the procedure for requesting a hearing pursuant to G.L. c. 119A, § 12(d), (e).)		
2. The deduction shall be \$ _____ <input checked="" type="checkbox"/> weekly <input type="checkbox"/> monthly (but see Section II, item 2 above)		
3. Make payments payable to: <u>Commonwealth of Massachusetts</u> Send to: <u>DOR/CSE, P.O. BOX 55144, BOSTON, MA 02205-5144</u>		
4. Payments must be sent by the employer or other source of income within 3 days of the date the Obligor is paid.		
5. If an arrearage accrues, the amount of the assignment may be increased by 25% until such arrearage is paid off.		
JUDICIAL ORDER FOR SUPPORT	I hereby find that the above-named Obligor is required to provide support and maintenance in the above matter. I therefore order that said Obligor and any current or future employer, or other source of income, comply with the terms specified in this order.	
	SIGNATURE OF HEARING OFFICER	DATE
	SIGNATURE OF JUSTICE	DATE

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NAME, ADDRESS AND ZIP CODE OF OBLIGOR John Doe 123 Main St. Quincy, MA		NAME AND ADDRESS OF COURT DIVISION Quincy District Court One Dennis Ryan Pkwy. Quincy, MA 02169
NAME, ADDRESS AND ZIP CODE OF EMPLOYER OR OTHER SOURCE OF INCOME ABC, Inc. 500 North St. Boston, MA		COURT TELEPHONE NUMBER 617-471-1650 SOCIAL SECURITY NUMBER OF OBLIGOR 987-65-4321 NAME OF OBLIGEE Jane Doe SOCIAL SECURITY NUMBER OF OBLIGEE 123-45-6789
I. SUPPORT PAYMENT TERMS		
1. The above-named Obligor is ORDERED , after hearing or upon default, to provide support payments in the sum of \$ 100 <input checked="" type="checkbox"/> weekly <input type="checkbox"/> monthly. Payments shall begin on 4-21-06 (date) \$ 100 shall be considered current child support and \$ - current spousal support. \$ - shall be applied against an arrearage of \$ - for child support and \$ - for spousal support.		
2. The court found the Obligor to be in arrears for 12 or more weeks. <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
3. Upon satisfaction of the above arrearage, the required payment shall be \$ - <input type="checkbox"/> weekly <input checked="" type="checkbox"/> monthly		
4. Payments shall be made payable to: COMMONWEALTH OF MASSACHUSETTS Payments shall be sent to: DOR/CSE, P.O. BOX 55144, BOSTON, MA 02205-5144		
5. If order is on behalf of more than one payee, specify allocation: _____		
6. <input type="checkbox"/> Check here if this is a modification which supersedes an existing order.		
II. HEALTH INSURANCE COVERAGE TERMS		
1. <input checked="" type="checkbox"/> Whereas the Obligor has health insurance or other health coverage available through an employer or organization or has such insurance or coverage available to him at reasonable cost that may be extended to cover the child(ren) or spouse for whom support is ordered, the Obligor is ordered to provide health insurance, effective 4-21-06 (date). Policy No. _____ Insurer _____		
2. Should health insurance not be provided for any period for which it is ordered, the amount of the order for current support is increased for that period to \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly		
3. <input type="checkbox"/> Whereas the above conditions are not met, health insurance is not ordered for said child(ren) and/or spouse.		
III. INCOME ASSIGNMENT TERMS		
1. This income assignment is: <input checked="" type="checkbox"/> to take effect immediately. (It will take effect on the pay period beginning 3 days after the employer or other source of income receives this order.) <p style="text-align: center;">OR</p> <input type="checkbox"/> suspended. (Pursuant to a written agreement of the parties, or finding of the court that good cause exists to suspend the order, payments will be made directly by the Obligor as provided above. However, state law requires the automatic implementation of the assignment without further hearing if at any time the Obligor owes an amount equivalent to 14 days' worth of support. At that time, the Obligor will receive notice and be informed as to the procedure for requesting a hearing pursuant to G.L. c. 119A, § 12(d), (e).)		
2. The deduction shall be \$ 100 <input checked="" type="checkbox"/> weekly <input type="checkbox"/> monthly (but see Section II, item 2 above)		
3. Make payments payable to: Commonwealth of Massachusetts Send to: DOR/CSE, P.O. BOX 55144, BOSTON, MA 02205-5144		
4. Payments must be sent by the employer or other source of income within 3 days of the date the Obligor is paid.		
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JUDICIAL ORDER FOR SUPPORT	I hereby find that the above-named Obligor is required to provide support and maintenance in the above matter. I therefore order that said Obligor and any current or future employer, or other source of income, comply with the terms specified in this order.	
	SIGNATURE OF HEARING OFFICER	DATE
	/s/	DATE 4-21-06