

**CASH MEDICAL SUPPORT; HEALTH CARE COVERAGE;
REQUEST FOR CHILD SUPPORT SERVICES**

Cash Medical Support

- Includes Cash Medical Support
 - For out-of-Pocket medical expenses exceeding \$250 per year per child in the amount of \$ _____
- AND/OR
- Other: _____

(Check if applicable)

- Husband, Wife, and/or Child(ren) are eligible for public medical assistance and should not be ordered to pay cash medical support.

Health Care Coverage

(Check any that apply.)

- Husband or Wife have appropriate **private** health care coverage available for the parties child(ren) either through an employer; union; other family member residing with them; or other source (describe type of coverage): _____

I request that Husband or Wife be ordered to maintain this coverage throughout the period of the support obligation for the benefit of the parties' child(ren).

- Both Husband and Wife have appropriate private health care coverage available for the parties' child(ren). I select the following health care coverage to be maintained throughout the period of the support obligation: Husband's, Wife's, both Husband's and Wife's (describe type(s) of coverage): _____

- Neither Husband nor Wife have appropriate private health care coverage available for the parties' child(ren) and I request that Husband, Wife, both Husband and Wife be ordered to apply for and enroll in public health care coverage, and that Husband, Wife, both Husband and Wife be ordered to pay cash medical support.

- Neither Husband nor Wife have appropriate private or public health care coverage available for the parties' child(ren). I request that Husband, Wife, both Husband and Wife be ordered to provide appropriate private health care coverage when such coverage becomes available to them through any source.

Request for Child Support Services

By signing below I apply for child support services from the Child Support Program (CSP.) (If you never received TANF or AFDC in any state, an annual \$25. Fee will apply if over \$500. is collected and distributed to the family each year.)

Petitioner Signature

Date

Respondent Signature

Date