IN THE DISTRICT COURT OF TULSA COUNTY
STATE OF OKLAHOMA

_____)

_____)　DIST CT. CASE NO:_____

_____Petitioner, _____)

and_____)　OK IV-D FGN: _____

_____)　OBLIGOR: _____

_____Respondent._____)　CUSTODIAN:_____

TEMPORARY ORDER AGREEMENT

The following Temporary Order Agreement entered into by the parties is hereby approved and made an enforceable Order of this Court.

I. TEMPORARY CUSTODY:

Child's name:　　　　　　　Date of birth:　　　　　Custody to:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

II. PARENTAGE:

☐ Paternity for the child(ren) named above has been previously established.

☐ Paternity was adjudicated in a previous court order titled _____ filed on _____ in ☐ District ☐ Administrative ☐ Tribal Court in _____ County, State of _____ in case number _____.

☐ The child(ren) named above were born during this marriage and ☐ Petitioner ☐ Respondent is the father based on an unrebutted presumption.

☐ Petitioner ☐ Respondent is the father of the minor child(ren) named above having properly executed an Acknowledgment of Paternity.

☐ Paternity is established and adjudicated by this order.

The Court adjudicates the ☐ Petitioner ☐ Respondent as the father of the minor children named above based on:

☐ father's voluntary acknowledgement as the father and his waiver of genetic testing.

☐ being in default.

☐ other: _____.

☐ Notice to Vital Records:
      ☐ Reserved to final order.
      ☐ The Oklahoma Department of Health, Division of Vital Records is ordered to add the name of _____ as the father on the child(ren)'s birth certificate(s) if his name has not already been added. Father's date of birth is _____ and state of birth is _____.

III. VISITATION: _____
_____
_____

IV. TEMPORARY CHILD SUPPORT: The ☐ Petitioner or ☐ Respondent is the Obligor and is ordered to pay the sum of $_____ per month beginning on _____, 20_____. The child support is calculated according to the Oklahoma Child Support Guidelines and a copy of the child support computation form is attached hereto and has been approved by the Court.

MEDICAL SUPPORT:
Current Coverage
☐ Petitioner ☐ Respondent is providing health insurance coverage for the minor child(ren) through
    ☐ Employer ☐ Indian Health Services ☐ DEERS ☐ Other _____ ☐ Government Medical Assistance Program and the cost is apportioned according to the Oklahoma Child Support Guidelines.

☐ Cash Medical
☐ Petitioner or ☐ Respondent shall pay cash medical support in lieu of health insurance in the amount of $_____ per month as included in the child support amount above. The cash medical amount shall be terminated when the child(ren) are enrolled in an accessible health insurance plan. The party providing health care insurance must provide proof to the court, CSS, and the other party that the child(ren) is/are covered before the cash medical support will be terminated. The cash medical support shall be terminated by notice sent to the parties by regular mail.

Lapse in Coverage
In the event that neither parent has health care coverage available for the child(ren), or available health care coverage ceases:
☐ Petitioner ☐ Respondent ☐ Both Petitioner and Respondent shall obtain accessible health care coverage for the minor child whenever such coverage is available through public, employer or private plan, at a reasonable cost as defined by 43 O.S. 118F(D)(1).

Non-Covered Expenses
Each parent shall pay their proportionate share, as set out in the attached Oklahoma Child Support Guidelines, of the reasonable and necessary medical, dental, orthodontic, optometric, psychological, or any other physical or mental health expenses for the minor child(ren) not covered by insurance or other health care plan.

CHILD CARE:

☐ The Obligor's share of child care expenses is included in the attached Oklahoma Child Support Guidelines and in the monthly child support amount
ordered above.

☐ Child care is not currently being expended, but should such expenses occur, the Obligor is ordered to pay his or her proportionate share, as set out in the Oklahoma Child Support Guidelines, as additional child support, commencing on the same day and to be paid in the same manner, as current child support set out above. The custodial parent shall provide timely documentation to the Obligor of said expenses.

CHILD SUPPORT SERVICES:

☐ The Court has made inquiry and public assistance money, medical support, or child support services under the state child support plan **HAVE** been provided for the benefit of the child(ren) and therefore DHS is a necessary party to this action. An immediate income assignment is ordered pursuant to 12 O.S. §1171.3 (G)(1). The issue of child support owed by either parent for a period prior to this Order is reserved for future determination.

METHOD OF PAYMENT: All child support payments shall be made by employer's check, cashier's check, money order or government check, payable to the Oklahoma Department of Human Services, identified with the above FGN number on the face of the payment (or Social Security Number if no FGN is available) and mailed to:
Oklahoma Centralized Support Registry
P. O. Box 268849
Oklahoma City, OK 73126-8849

☐ The Court has made inquiry and public assistance money, medical support, or child support services under the state child support plan **HAVE NOT** been provided for the benefit of the child(ren).

V. TEMPORARY ALIMONY: Amount (per Wk/Mo) $_____ Beginning _____/_____/_____

VI. TEMPORARY PROPERTY DIVISION:_____
_____
_____
_____

VII. DEBTS:	**PETITONER PAYS:**	**RESPONDENT PAYS:**
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIII. BANKRUPTCY: Each party represents to the Court they:

☐ have not filed a bankruptcy proceeding in the previous six (6) years, nor are currently involved in a bankruptcy proceeding.

☐ have filed a bankruptcy proceeding in the previous six (6) years or are currently involved in a bankruptcy proceeding.☐ Petitioner ☐ Respondent Bankruptcy Case No.: _____

IX. MODIFICATION OF PREVIOUS ORDER (EXCEPT CHILD SUPPORT PROVISIONS):
_____
_____

X. ADDITIONAL ORDERS: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ Oklahoma Child Support Guidelines computation form is attached hereto and made a part of this Order.

Pursuant to Title 43 Section 104.1; the above constitutes the Judge's findings and recommendations in this case. If either party disagrees with these findings and recommendations, they may file an objection with the assigned Domestic Judge within three (3) days from today's date.

Dated: _____   _____
                                                JUDGE OF THE DISTRICT COURT

_____ _____   _____ _____
Petitioner   Dated   Respondent   Dated

_____ _____   _____ _____
Attorney for Petitioner   Dated   Attorney for Respondent   Dated

_____ _____
State's Attorney, DHS   Dated

CERTIFICATE OF SERVICE

This is to certify that copies of the foregoing Temporary Order Agreement were served as follows:

In person on this date to

☐ Obligor

☐ Attorney for the Obligor _____

☐ Custodial Parent

☐ Attorney for Custodial Parent

☐ State's Attorney, CSE, OKDHS _____

☐ Other _____

By regular mail on _____, 20____, to:

☐ Obligor at Address of Record

☐ Attorney for the Obligor at the address listed above

☐ District Attorney

☐ Attorney for the Custodial Parent at the address listed above

☐ State's Attorney, _____

☐ Other _____

at _____

_____

_____

ADDRESS FOR CHILD SUPPORT OFFICES IN TULSA COUNTY:
Child Support Services
DHS, State of Oklahoma
P.O. Box 27068
Tulsa, OK 74149
918-430-2400 phone
918-430-2364 fax