

Form CCFC181 – Parenting Plan Part B - Support

Case Information

Mother:	Case Number	Exhibit Number
Father:	County ST. LOUIS COUNTY	

1. Children’s Information

Part B of this parenting plan applies to _____ child(ren). They are:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

2. Medical Insurance

You must check at least one of the following three boxes.

Neither party is required to maintain medical insurance for the benefit of the children. A medical benefit plan is not available at reasonable cost through either parent’s employer or union. No support rights have been assigned to the state of Missouri and the Family Support Division is not providing support enforcement services to either party.

Father shall maintain and pay for the cost of medical insurance with comparable or better benefits at comparable or reduced cost to that now in effect for the benefit of the children. If no medical insurance is now in effect, then Father shall obtain medical insurance if it is available at reasonable cost through his employer or union. The current cost of this medical insurance included on Line 6c of Form 14 is _____ per month.

Mother shall maintain and pay for the cost of medical insurance with comparable or better benefits at comparable or reduced cost to that now in effect for the benefit of the children. If no medical insurance is now in effect, then Mother shall obtain medical insurance if it is available at reasonable cost through her employer or union. The current cost of this medical insurance included on Line 6c of Form 14 is _____ per month.

3. Dental Insurance

You must check at least one of the following three boxes.

Neither party is required to maintain dental insurance for the benefit of the children. A dental benefit plan is not available at reasonable cost through either parent’s employer or union. No support rights have been assigned to the state of Missouri and the Family Support Division is not providing support enforcement services to either party.

Father shall maintain and pay for the cost of dental insurance with comparable or better benefits at comparable or reduced cost to that now in effect for the benefit of the children. If no dental insurance is now in effect, then Father shall obtain dental insurance if it is available at reasonable cost through his employer or union. The current cost of this dental insurance included on Line 6c of Form 14 is _____ per month.

Mother shall maintain and pay for the cost of dental insurance with comparable or better benefits at comparable or reduced cost to that now in effect for the benefit of the children. If no dental insurance is now in effect, then Mother shall obtain dental insurance if it is available at reasonable cost through her employer or union. The current cost of this dental insurance included on Line 6c of Form 14 is _____ per month.

4. Cost of Medical and Dental Insurance

In the event either parent is required to maintain medical or dental insurance, the parent providing the health benefit plan shall provide to the other parent an insurance identification card. If support rights have been assigned to the state of Missouri or the Family support Division is providing support enforcement services to either party, the person paying support shall notify the Family Support Division regarding the availability of medical insurance coverage through an employer or a group plan, provide the name of the insurance provider when coverage is available, and inform the division of any change in access to such insurance coverage.

5. Medical and Dental Expenses

As used herein, medical and dental expenses include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body. This includes orthodontic and vision care, eyeglasses, contact lenses, and prescription drugs. It does not include cosmetic surgery that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease. It does include expenses to improve a deformity arising from, or directly related to a congenital abnormality, a personal injury resulting from an accident or trauma, or a disfiguring disease.

Expenses for counseling for the minor children shall be included as medical and dental expenses if the counseling is provided by a licensed social worker, licensed professional counselor, licensed psychologist or licensed psychiatrist.

6. Payment of Medical and Dental Expenses not Covered by Insurance

Unless one of the following two boxes is checked, all reasonable and necessary medical and dental expenses of the children not covered by insurance are to be paid equally by the parents.

Except for good cause, no reimbursement of uncovered medical and dental expenses of the children will be allowed unless the person receiving support submits proof of such expenses to the person paying support in writing within 180 days of the date said expenses were incurred.

The person receiving support will pay all reasonable and necessary medical and dental expenses of the children not covered by insurance and the person paying support will reimburse the person receiving support for _____ percent of all such expenses that are actually paid by the person receiving support and are in excess of \$250 per child.

If a parent incurs a non-emergency expense to a health care provider that is not covered by insurance and the available insurance would have paid for some or all of the expense, then the parent incurring the expense shall pay seventy-five percent (75%) and the other parent twenty-five percent (25%) of the uncovered expense. The parents may agree in writing to alternative arrangements as to providers and apportionment of uncovered expenses.

Uncovered medical and dental expenses are not divided between the parents pursuant to RSMo. §454.603.

7. Payment of Work-Related Child Care Costs

You must check at least one of the following six boxes.

There are no reasonable work-related child care expenses incurred by the parties.

The current reasonable work-related child care costs of the children paid by Mother directly to the child care provider are \$_____ per month. This amount has been included on Line 6a or Line 6b of Form 14.

The current reasonable work-related child care costs of the children paid by Father directly to the child care provider are \$_____ per month. This amount has been included on Line 6a or Line 6b of Form 14.

Mother will pay all reasonable work-related child care expenses. The cost of reasonable work-related child care expenses has NOT been included in the child support calculation pursuant to Form 14. Father will reimburse Mother for _____ percent of all reasonable work-related child care expenses actually paid by Mother. Mother will not be entitled to reimbursement from Father unless said payments are appropriately reported to the Internal Revenue Service. Except for good cause, no reimbursement of reasonable work-related child care expenses will be allowed unless Mother submits proof of such expense to Father in writing within 120 days of the date said expenses were incurred.

Father will pay all reasonable work-related child care expenses. The cost of reasonable work-related child care expenses has NOT been included in the child support calculation pursuant to Form 14. Mother will reimburse Father for _____ percent of all reasonable work-related child care expenses actually paid by Father. Father will not be entitled to reimbursement from Mother unless said payments are appropriately reported to the Internal Revenue Service. Except for good cause, no reimbursement of reasonable work-related child care expenses will be allowed unless Father submits proof of such expense to Mother in writing within 120 days of the date said expenses were incurred.

Each parent will pay his or her own reasonable work-related child care expenses related to his or her employment. The cost of reasonable work related child care expenses has NOT been included in the child support calculation pursuant to Form 14. Neither parent will reimburse the other parent for any portion of the child care expenses.

8. Child Care Expenses Unrelated to Employment

Incidental child care costs not related to employment are to be paid by the party with physical custody at the time the child care costs are incurred.

9. Method of Payment of Child Support

You must check one and only one of the following five boxes.

A wage assignment will not issue because a written agreement has been reached between the parties that provides for an alternative arrangement. Child support shall be paid directly to the person receiving support.

A wage assignment will not issue because there is good cause not to require immediate income withholding for the reason that implementation of an immediate wage withholding would not be in the best interest of the child and the person paying support has made timely payments of all previously ordered support. Child support shall be paid directly to the person receiving support.

A wage assignment will not issue because a written agreement has been reached between the parties that provides for an alternative arrangement. Child support shall be paid directly to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.

A wage assignment will not issue because there is good cause not to require immediate income withholding for the reason that implementation of an immediate wage withholding would not be in the best interest of the child and the person paying support has made timely payments of all previously ordered support. Child support shall be paid directly to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.

A wage assignment will be prepared by the person receiving support and issued by the Circuit Clerk upon the effective date of this judgment. Child support is ordered to be paid to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.

10. Is Child Support pursuant to Form 14?

Yes. The court-ordered child support is the same as the presumed child support amount. The presumed child support amount as calculated herein is not rebutted as being unjust and inappropriate.

No. The court-ordered child support is different from the presumed child support amount. After consideration of all relevant factors pursuant to RSMo. §452.340.8 and Form 14, the child support as calculated herein is rebutted as being unjust and inappropriate.

11. Designation of Parties

Mother is the petitioner/plaintiff. Father is the respondent/defendant.

Father is the petitioner/plaintiff. Mother is the respondent/defendant.

The State of Missouri is the plaintiff. Mother and Father are the defendants.

12. Designation of Parent Paying Support

Mother is the "parent paying support". Father is referred to as the "person receiving support".

Father is the "parent paying support". Mother is referred to as the "person receiving support".

If no regular monthly child support is to be paid by either parent, then you must still check one of the two boxes in this paragraph.

13. Court-Ordered Child Support

Six or More Children – The person paying support is to pay to the person receiving support _____ per month when the person receiving support is entitled to support for six or more children covered by this parenting plan.

Five Children – The person paying support is to pay to the person receiving support _____ per month when the person receiving support is entitled to support for five children covered by this parenting plan.

Four Children – The person paying support is to pay to the person receiving support _____ per month when the person receiving support is entitled to support for four children covered by this parenting plan.

Three Children – The person paying support is to pay to the person receiving support _____ per month when the person receiving support is entitled to support for three children covered by this parenting plan.

Two Children – The person paying support is to pay to the person receiving support _____ per month when the person receiving support is entitled to support for two children covered by this parenting plan.

One Child – The person paying support is to pay to the person receiving support _____ per month when the person receiving support is entitled to support for one child covered by this parenting plan.

No Child Support – Except as otherwise set forth herein, no regular monthly child support is to be paid by either party for the support of the children covered by this parenting plan.

14. Starting Date for Child Support

You must check one and only one of the following two boxes.

The first child support payment is due on the date of the entry of the judgment.

The first child support payment is due on _____.

15. Additional Provisions Pertaining to Support of the Children

If a parent fails to pay a cost or expense as required by this parenting plan, then the other parent may pay the cost or expense and seek reimbursement from the parent who was to pay the expense.

Any agreement by the parents to divide expenses not specifically listed in this parenting plan is unenforceable unless it is in writing. Additional provisions pertaining to the support of the children are on the attached addendum(s) to parenting plan marked as follows:

College Expenses (Exhibit _____)

Income Tax Exemptions (Exhibit _____)

Extraordinary Medical Expenses (Exhibit _____)

Other Extraordinary Expenses (Exhibit _____)

Vision Insurance (Exhibit _____)

Other (Exhibit _____)

The following paragraphs differ from Form CCFC181 _____.

Mother: _____ Father: _____ Guardian ad Litem: _____

Attorney for Mother: _____ Attorney for Father: _____

Judge or Commissioner: _____