



K L A H O M A

INDICATOR NAME:	Family Violence Indicator
SETTING CRITERIA:	<u>IV-D--</u> Good Cause status (TANF) <u>IV-D & Non IV-D --</u> Protection order Other criteria under consideration
ELIGIBLE PEOPLE:	<u>People Directly Protected --</u> Custodial parent victims <u>Others Protected --</u> Children in CP victim's household involved in the victim's OK child support cases or orders (Automatic)
IMPACT:	Sends FV Indicator to the FCR Other outcomes under consideration
DURATION:	Indefinite
REMOVAL CRITERIA:	Victim request
OVERRIDE:	State-specific components not yet developed

Materials

One way that Oklahoma has decided to collect information about possible family violence is through its courts. The document that appears below is the “Summary of Support Order” form. It sets out critical information about each child support order entered in the State and about the people who are involved in that order. Question #10 (highlighted) inquires about the existence of an active protection order safeguarding any of the individuals involved in the matter.

IN THE DISTRICT COURT OF [NAME] COUNTY
STATE OF OKLAHOMA

Plaintiff _____

VS. District Court Case Number _____

Defendant _____

SUMMARY OF SUPPORT ORDER

Nature of Action: If Temporary: Divorce Modification Paternity Juvenile Other _____
If Final: Divorce Modification Paternity Juvenile Other _____

On _____ the following order was entered:
(date)

1. _____, Obligor, _____ of the child(ren), is to pay
(relationship)
_____, Obligee, _____ of the child(ren).
(relationship)

2. \$ _____ to be paid per _____ First payment is due on _____
(M,B,S,W) (date)

3. For the following child(ren): If more than 5 children are included, please complete and attach an additional form.

First	Middle	Last Name	Birthdate	Sex	Social Security Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Obligor also pays: If more than 3 additional types of support, please complete and attach an additional form.

\$ _____

\$ _____

\$ _____

5. An income assignment is immediately ordered. The name, mailing address, city/state and zip of the obligor's employer is _____

6. Health insurance provided for child(ren) Obligor Obligor's Employer Obligee Other Party _____

7. Additional Obligor information: _____
Birthdate Sex Social Security No. Drivers License No.

Street Address City State Zip

8. Additional Obligee information: _____
Birthdate Sex Social Security No. Drivers License No.

Street Address City State Zip

9. Other Parent Information: _____
Birthdate Sex Social Security No. Drivers License No.

Street Address City State Zip

10. Is there an active Protective Order entered on behalf of any person in this case?
 Yes No

DATE: _____ PREPARED BY: _____

FGN. IF AVAILABLE _____

===== COURT CLERK USE ONLY =====

PLEASE SUBMIT THIS FORM TO: State Case Registry, CSED, P.O. Box 268936, Oklahoma City, OK 73126

INSTRUCTIONS FOR COMPLETING THE SUMMARY OF SUPPORT ORDER FORM FOR CHILD SUPPORT ORDERS

Purpose. This form is required pursuant to 43 O.S. §112.A, 43 O.S. §120 and 43 O.S., §413. The Summary of Support Order form must be completed by the attorney who prepares the order or one of the parties if neither is represented by counsel. The form must be submitted and incorporated as a part of all child support orders.

Distribution of form. The original copy shall be filed with the child support order and remain in the court file. The court clerk cannot accept and file the child support order unless this form is incorporated with the order. The district court clerk will submit a copy of this form to the State Case Registry.

STYLE:

- Enter the county in which the order was entered.
- Enter the Plaintiff's name as it appears on the order.
- Enter the Defendant's name as it appears on the order.
- Enter the District Court Case Number as it appears on the order.

SUMMARY OF SUPPORT ORDER:

Nature of Action: If this order is Temporary enter a check in the proper box signifying the nature of the temporary action. If this order in [sic] Final enter a check in the proper box signifying the nature of the final action.

Entry of Order: Enter date the order was entered.

1. Enter the name of the Obligor (the person who is to pay support). Enter the relationship (e.g., father) of the obligor to the children stated in the order. Enter the name of the Obligee (the person to whom support is to be paid). Enter the relationship (e.g., mother) of the obligee to the children stated in the order.
2. Enter the current child support amount. Enter the frequency of payment -- monthly, biweekly, semi-monthly, weekly. Enter the date the first payment is due.
3. Enter the full name, birth date, sex, and social security number of all children listed in the order. If more than 5 children are included, an additional form must be completed and attached.
4. Enter a description and payment amount of any other type of support or payment listed in the order such as child care, medical payments, interest, support alimony, fees or costs. If more than 3 additional types of support, an additional form must be completed and attached.
5. Check box if this order provides for immediate income assignment. Enter the name, mailing address, city, state and zip of the obligor's employee.
6. If health insurance is provided for the children in the order, check the box(es) indicating who is to provide the insurance. If Other Party, enter the name of the other party.
7. Enter the Obligor's birth date, sex, social security number, driver's license number, and home address.
8. Enter the Obligee's birth date, sex, social security number, driver's license number, and home address.
9. If both parents are not identified as either obligor or obligee, enter the other parent's full name, birth date, sex, social security number, driver's license number, and home address.
10. Check box for Yes if any person in this case has an active Protective Order. Otherwise, check No.

DATE:

Enter the date this form is completed.

PREPARED BY:

The signature of the person preparing this form.

FGN:

Enter IV-D Case Number of available. (DHS/CSED employees only.)