

OFFICE OF THE RAMSEY COUNTY ATTORNEY

John J. Choi, County Attorney



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Telephone (651) 266-3344 • Fax (651) 266-3365

Human Services Division – Child Support Enforcement Section

Date

CP Name

NCP Name

CP Address

NCP Address

City, State Zip

City, State Zip

RE: Child Support Case # 0000000000-00

Dear CP & NCP:

It has come to our attention that there may be a change in appropriate health care coverage for the joint child(ren), names, in this case. Our office may pursue a court order to change the medical support obligation if both parties consent to the modification. This court order will only change the medical support obligation. This court order will not address ongoing basic child support, child care support or reimbursement for past support.

In order to modify the responsibility for medical coverage for the joint children, you must provide the following information:

- **Person to provide medical coverage for the joint child(ren).** Name which of you will begin to carry the medical coverage for the joint child(ren).
- **The cost to provide medical coverage for the joint child(ren).** State the new cost of the medical coverage for the joint child(ren). State the cost for the joint child(ren) only.
- **The division of payment of medical coverage premiums for the joint child(ren).** State the amount that each of you will pay toward the medical coverage premiums in place for the joint child(ren).
- **The division of payment of uninsured/unreimbursed medical costs.** State the amount that each of you will pay toward the uninsured/unreimbursed medical costs.
- **Verification of the insurance that will be in place.** Attach a copy of the joint child(ren)'s insurance coverage, state who is covered by the policy (e.g. you, your spouse, the joint child, other nonjoint children), and attach a copy of all available insurance packages.

If you would like the current medical obligation to change, please have both parties sign and return the enclosed form by **Date 14 days out**. Please contact our office if you need additional time.

Please note, both you and the (ncp) will need to meet with our staff to review and sign the proposed Medical Consent Agreement and Order. You will be notified by mail of the scheduled appointment. If you are unable to attend the appointment or reschedule, our office may terminate the modification action. Once you have appeared in person to signed the documents, our office will file the paperwork with Family Court.

If you have any questions feel free to contact me at the number listed below.

Sincerely,

Agent Name
Support Enforcement Agent
(651) 266-

Modification of Medical Support Request

Names of Parties: _____

RE: Child Support Case # 0000000000-00

There has been a change in the availability of appropriate health care coverage for our child(ren), names, and we want to modify the medical support obligation.

Currently, Name of Obligor is ordered to carry medical and dental insurance for the joint children, Name of Obligee is ordered to pay \$ as his/her share of the premiums, Name of Obligor is ordered to pay % of the uninsured/unreimbursed medical costs, and Name of Obligee is ordered to pay % of the uninsured/unreimbursed medical costs.

Please provide the following information to our office: a copy of the joint child(ren)'s insurance coverage, state who is covered by the policy (e.g. you, your spouse, the joint child, other nonjoint children), and a copy of all available insurance packages. Then, please check one of the boxes below and fill out any additional information.

Check this box if you are unable to calculate the amount a party should pay for reimbursement of the premium costs or the amount each party should pay for the uninsured/unreimbursed medical costs. Our office will calculate these amounts based on the Minnesota Child Support Guidelines.

Check this box if you and the other party have reached a full agreement regarding the medical coverage for the joint child(ren), then please fill out the information below. If you have reached an agreement regarding these amounts, our office will review your agreement, and if appropriate, include it in the proposed order.

Regarding the new medical support obligation, we agree the following changes should be made:

_____ Name of party who will carry medical coverage for the joint child(ren).

_____ The cost to provide medical coverage for the joint child(ren) only.

Only the cost to insure the joint child(ren) is eligible to be divided between the parties. Usually, this is the total cost of coverage less the cost of coverage if the joint child(ren) were not insured. For example, if the total cost of medical coverage is \$300 and coverage for the employee only is \$100, then the cost to provide medical coverage for the joint child(ren) is \$200 (\$300 - \$100 = \$200). Common examples include: (family coverage – employee only coverage); (family coverage – cost to cover employee & their spouse); (family coverage – cost to cover employee & a nonjoint child).

_____ The amount Name will pay as reimbursement to Name for his/her share of the dependent insurance premium costs.

Name will pay _____% of the uninsured/unreimbursed medical costs for the joint children, and Name will pay _____% of the uninsured/unreimbursed medical costs for the joint children.

Parent's signature _____ Date _____

Parent's signature _____ Date _____

MEDICAL MODIFICATION REFERRAL

PRISM CASE # _____ AGENT NAME _____ DATE _____

CP NAME _____ NCP NAME _____

*TO BE COMPLETED BY REFERRING AGENT

- _____ Change in availability of appropriate health care coverage between parties
- _____ Change in availability of appropriate health care coverage will not result in the child(ren) being placed on public medical coverage.
- _____ Medical Modification Letter is returned and CAAD note entered. Date Returned _____
- _____ Transfer file on DINGO to Rachel Nieder with this referral sheet and place file in medical modification basket.

TO BE COMPLETED BY CASE RESOLUTION

- _____ Load LEHD, LETL, REAM
- _____ Agreement and Order for Medical Modification of Support drafted.
Date forwarded and assigned attorney _____
- _____ Date returned with signature from assigned attorney _____
- _____ CP/NCP Appointment date and time _____
- _____ If parties do not appear for scheduled appointment, action taken:

- _____ Date Agreement and Order for Medical Modification forwarded to Family Court _____
- _____ If returned without signature, action taken:

- _____ Order forwarded to referring agent _____
- _____ Date Order Loaded _____

****RETURN REFERRAL FORM TO RACHEL NIEDER****

Order Modification Training Schedule

1. **Topic:** Modification Training Overview

Description: This training will provide staff a review of the new state modification policy and our office plan to train on the policy. There are both “PRISM” changes and “culture” changes. This training is relevant to all SEAs and CSAs who work in this office and either meet with or talk to parties.

2. **Topic:** Modification Training: Criteria & How Orders are Set

Description: Do you ever wonder why orders are set that are seemingly unenforceable? Why do we set some orders at \$50 and others at \$139? This training will review the basics of how orders are set from the guidelines to the use of potential income. This training will also review the basics of what constitutes a real change of circumstances that justifies a modification, as opposed to the trip the other parent went on to Hawaii with their new love as a basis for a modification. This training will help staff learn which PRISM screens to review and how to review a court order in MNCIS without needing to pull the file so they can answer phone calls live and talk to parties without having to play phone tag.

3. **Topic:** A request for a review is made, now what?

Description: This training will focus on customer service, our office’s role in educating of parties, how not to accidentally give legal advice, and how and why to probe for information and ask questions.

4. **Topic:** How to and when to make a referral to Review and Modification (RAM)

Description: Ever wonder what RAM workers go through to decide whether or not to pursue a modification, why they ask you for so much information before making the referral, and where you can find information about the case in the mean time? This training will provide an answer to all of these questions. The RAM unit will describe their process, what they need from you before you make a referral, and how to find out updated information in case the customer calls mid-process.

5. **Topic:** Stipulations 101

Description: The Federal Program and State Program Offices are pushing for more facilitated agreements and stipulations because it is a known fact that most parties are more apt to follow through with something that they had input into in the first place. When parties actively participate, feel like they have been heard and their needs have been considered, they will cooperate better than in an adversarial and default based system. This training will focus on which cases seem appropriate for a facilitated agreement or stipulation and which do not, as well as the importance of talking to parties, what questions to ask, how to get agreements and who will do them.

6. **Topic:** Incarcerated RAM Update

Description: Come learn about the much anticipated and long awaited incarcerated RAM update! Attendees will learn what information is needed and where to find information for RAMs relating to incarcerated obligors, and also review which options to pick relating to whether to reinstate obligations or not after the obligor is released.

Order Modification: The Next Generation (Ramsey County Minnesota, Internal Training Document)

QUESTIONS to ASK

When a party requests a modification, reports a change in circumstance, or suggests that the current order is not correct/fair/reasonable:

Ask what circumstances have changed since the current order was entered.

- 1. What changes are you aware of since your order was obtained?**
- 2. Has your or the other party's employment changed?**
Has your or the other party's income changed since the current order? Where are you employed? Are you self-employed? What is your income? (What is your hourly wage? How many hours per week do you work?) Do you have any other income besides employment?
- 3. Has the child(ren)'s insurance coverage changed?**
Is coverage in place for the child(ren) on the case? Who carries the insurance? What is the cost? Is who carries the insurance for the children different than who is ordered to carry the insurance? Did the cost of the insurance change? Did the coverage availability change?
- 4. Has your or the other party's household changed?**
Is a child of the action out of the household? Where are they living? Is there a custody change order? Is a child of the action emancipated? What is the child's age? Is the child still in high school? Are you and the other party living together?
- 5. Have the childcare circumstances changed for the joint child?**
Have childcare costs started for the first time? Have childcare costs changed? Have childcare costs stopped?
- 6. Has there been a major change in your or the other party's expenses?**
Medical expenses? School expenses?
- 7. Is the change(s) in circumstances you mentioned temporary?**
- 8. Have you discussed this with the other parent?**
Will they likely agree to a change in the order? Have you had contact with the other parent – obtain information, including phone numbers and address.
- 9. Do you have other court-ordered child support obligations?**
- 10. Have you tried modifying your order in the last year?**
What was the reason? What was the outcome?

STIPULATION REFERRAL ~ Enforcement

PRISM CASE # _____

DATE _____

CP NAME _____

NCP NAME _____

AGENT NAME _____

SEA III NAME: Morrison

ATTORNEY NAME: Nelson

*TO BE COMPLETED BY REFERRING AGENT

Each box must be checked

Ramsey County was contacted by which party regarding modification? _____ (name)
When was RCAO contacted? _____ (date)

Do both parties agree to modification of support order by stipulation? Fill out either option:

What are the terms of the agreement (if parties agreed to specific dollar amounts): Effective date: _____ Basic support: _____ Medical support or insurance coverage: _____ Division of unreimbursed med/dental expenses: _____ % Childcare support: _____	OR	What is the proposal of the party requesting the modification (this will be used when the SEA III contacts the other party) Effective date: _____ Basic support: _____ Medical support or insurance coverage: _____ Division of unreimbursed med/dental expenses: _____ % Childcare support: _____
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Requesting party informed that if Public Assistance is open, then the County would be involved in whether the assigned support amounts can be modified.

What has changed since the most recent Order for support? _____

Is this a temporary change? Yes or No or Unknown

Is the NCP employed? Yes or No. (If Yes, where? _____)
What is NCP's hourly wage? _____/hour. How many hours per week does NCP work?
_____ hours/week.

Is the NCP self-employed? Yes or No. (If Yes, NCP will have to send recent copy of tax return.)

Is private healthcare coverage available for the child(ren) from NCP or CP? Yes or No
If yes, by whom? _____

Does either party incur childcare expenses? Yes or No (If Yes, who incurs the expenses? _____)

What is NCP's phone number? _____

What is NCP's mailing address? _____

What is CP's phone number? _____

What is CP's mailing address? _____

Transfer file on DINGO to Tina Morrison and place file in the Stipulation basket with this referral sheet.

TO BE COMPLETED BY Tina, Autumn, Rachel

Tina:

_____ If any PA open, attach screen printouts for each PA program in place, and print DEED
_____ (MFIP, Medical Assistance or MinnesotaCare, Childcare Assistance, General Assistance,
_____ Social Security Benefits – SSI or RSDI)
_____ Load LEHD, LETL, REAM
_____ Parties contacted if more information is needed:
_____ Date CP contacted
_____ Date NCP contacted
_____ Prepare CS guidelines worksheet if needed and discuss with ACA Nelson. File given to ACA
_____ Nelson to draft stipulation on: _____

Autumn:

_____ Stipulation and Order for Modification of Support drafted (Attorney will draft while process is
_____ being streamlined.)
_____ Date that Stipulation is forwarded to Rachel for parties' signatures: _____

Rachel:

_____ CP/NCP Appointment date and time _____
_____ If parties do not appear for scheduled appointment, action taken:

_____ Date that fully signed Stipulation and Order efiled with Family Court _____
_____ If returned without signature, action taken:

_____ Date REAM closed out and Order forwarded to referring agent _____
_____ *Date Order Loaded _____
_____ If necessary, refer to case resolution for arrears management. Provide explanation:

_____ Date Arrears Management Completed _____

RETURN REFERRAL FORM TO TINA MORRISON for tracking purposes

STIPULATION REFERRAL – Order Setting

PRISM CASE # _____ CP NAME _____ NCP NAME _____

OS DRAFTER'S NAME _____ OS CLERK'S NAME _____ DATE: _____

*TO BE COMPLETED BY REFERRING AGENT

Each box must be checked

- Ramsey County was contacted by which party regarding stipulation? _____ (name)
When was RCAO contacted? _____ (date)
Drafter confirmed stipulation/agreement with other party on: _____ (date)
- Agreement with County's exact recommendations in pleadings? (Exception: \$0.00 Orders)
- OR
- Agreement different than County's recommendations in pleadings? If different, what is the proposed agreement? _____
o Discussed with and approved by Attorney assigned to Drafter on _____ (date).
- What is NCP's phone number? _____
- What is NCP's mailing address? _____
- What is CP's phone number? _____
- What is CP's mailing address? _____
- Assigned Drafter drafts the Stipulation in PRISM using CORD document for an Order, including the stipulation PICS indicated on page 2 of this document.
- Forward file and Stipulation paperwork to Autumn Nelson to review and sign Stipulation, and for tracking and obtaining parties' signatures. File to Autumn on _____ (date).
o Changes needed? Returned to Drafter on _____. Back to Autumn on _____.
- Transfer file on DINGO to Autumn Nelson and place file on the "Regular Pleadings" shelf in Autumn's office.

Autumn:

_____ Enter data to be tracked
_____ Forward file and DINGO to Rachel for parties' signatures: _____

Rachel:

_____ CP/NCP Appointment date and time _____
_____ If parties do not appear for scheduled appointment – consult with Autumn Nelson regarding if case should be set for hearing. Action taken: _____

Order Setting:

_____ Assigned OS CT will efile the pleadings (Summons, Complaint, Supporting Affidavit, etc.) and the Admissions of Service. The OS CT will also efile the fully signed Stipulation as a "proposed Document" in MNCIS with a note in the "Additional Comments Section" that it is a signed Stipulation.

- Date that fully signed Stipulation was efiled with Family Court _____
- Give file and DINGO it to OS Drafter to wait for Order back from Court. This Referral Form should be given to Autumn Nelson.

_____ If returned from court without signature – consult with Autumn Nelson regarding if case should be set for hearing. Action taken: _____

****RETURN REFERRAL FORM TO AUTUMN NELSON for tracking purposes****

PICS to select in PRISM CORD document for Order¹

Establishment Stipulation and Order

Caption/Legal Header and Title of the document are the same as indicated in CORD document – no changes.

ADD “new paragraph” in place of (30), which will state: “This matter came before the undersigned judicial officer in Ramsey County based upon the stipulation of the parties.”

(600) [*NCP-NAME*] agrees to the terms of this Order and has signed this Stipulated [*DOCUMENT TITLE*] which waives the right to the response time.

(630) { } * [*CP-NAME*] agrees to the terms of this Order and has signed this Stipulated [*DOCUMENT TITLE*], which waives the right to the response time.

(5020) By signing below, the parties and/or attorneys stipulate to and approve this document as to form and content.

(5090) * I have reviewed and agreed to the attached [*DOCUMENT TITLE*].

* I understand that the County Child Support Office, the County Attorney’s Office and other employees of the county do not represent me and cannot give me legal advice.

* I know I have the right to be represented by a lawyer of my choice. If I chose not to be represented by a lawyer in these proceedings, I hereby expressly waive (give up) the right to counsel.

* I have received and reviewed all documents used to prepare the [*DOCUMENT TITLE*].

* I understand the terms of this Order and waive (give up) my right to a hearing.

* I freely and voluntarily sign this Stipulation.

* I agree to the entry of this Order and waive (give up) my right to the twenty (20) day response time.

_____ Date: _____
[*CP-NAME*], CP-ROLE

_____ Date: _____
[*NCP-NAME*], NCP-ROLE

** PICS 5090 also includes GAL and Attorney signatures lines – delete if not applicable. **

Motion to Set Stipulation and Order

Caption and Title of the document are the same as indicated in CORD document – no changes needed.

ADD “new paragraph” in place of (30), which will state: “This matter came before the undersigned judicial officer in Ramsey County based upon the stipulation of the parties.”

(610) NCP-NAME agrees to the terms of this Order and has signed this stipulated [Document Title] which waives the right to the response time.

(640) CP-NAME agrees to the terms of this Order and has signed this stipulated [Document Title] which waives the right to the response time.

(5640) By signing below, the parties and/or attorneys stipulate to and approve this document as to form and content.

(5710) * I have reviewed and agreed to the attached [Document Title].

* I understand that the County Child Support Office, the County Attorney’s Office and other employees of the County do not represent me and cannot give me legal advice.

* I know I have the right to be represented by a lawyer of my choice. If I chose not to be represented by a lawyer in these proceedings, I hereby expressly waive (give up) the right to counsel.

* I have received and reviewed all documents used to prepare the [Document Title].

* I understand the terms of the Order and waive (give up) my right to a hearing.

* I freely and voluntarily sign this Stipulation.

* I agree to the entry of this Order and waive (give up) my right to the twenty (20) day response time.

_____ Date: _____
CP-NAME, CP-ROLE

_____ Date: _____
NCP-NAME, NCP-ROLE

** PICS 5710 also includes GAL and Attorney signatures lines – delete if not applicable. **

¹ PICS language and numbers current as of 3/14/13, as reviewed by Autumn Nelson
Stipulation OS Referral 8/27/13

STIPULATION REFERRAL – Review Modification

PRISM CASE # _____ AGENT NAME _____ DATE _____

CP NAME _____ NCP NAME _____

*TO BE COMPLETED BY REFERRING AGENT

Each box must be checked

- Ramsey County was contacted by which party regarding stipulation? _____ (name)
When was RCAO contacted? _____ (date)
RAM agent confirmed stipulation/agreement with other party on: _____ (date)
 - Agreement with County's exact recommendations in pleadings? (Exception: \$0.00 Orders)
- OR
- Agreement different than County's recommendations in pleadings? If different, what is the proposed agreement? _____
 - Discussed with and approved by Attorney assigned to RAM Drafter on _____ (date).
 - What is NCP's phone number? _____
 - What is NCP's mailing address? _____
 - What is CP's phone number? _____
 - What is CP's mailing address? _____
 - Assigned RAM Drafter drafts the Stipulation in PRISM using CORD document for an Order, including the stipulation PICS indicated on page 2 of this document.
 - Forward file and Stipulation paperwork to Autumn Nelson to review and sign Stipulation, and for tracking and obtaining parties' signatures. File to Autumn on _____ (date).
 - Changes needed? Returned to RAM Drafter on _____. Back to Autumn on _____.
 - Transfer file on DINGO to Autumn Nelson and place file on the "Regular Pleadings" shelf in Autumn's office.

TO BE COMPLETED BY Autumn and Rachel

Autumn:

_____ Enter data to be tracked
_____ Forward file and DINGO to Rachel for parties' signatures: _____

Rachel:

_____ CP/NCP Appointment date and time _____

_____ If parties do not appear for scheduled appointment – consult with Autumn Nelson regarding if case should be set for hearing. Action taken: _____

_____ Date that fully signed Stipulation and Order efiled with Family Court _____

_____ If returned without signature – consult with Autumn Nelson regarding if case should be set for hearing. Action taken: _____

_____ If Order is signed by Court, forward to referring agent to load Order _____

****RETURN REFERRAL FORM TO AUTUMN NELSON for tracking purposes****

PICS to select in PRISM CORD document for Order¹

Stipulation and Order

Caption/Legal Header and Title of the document are the same as indicated in CORD document – no changes.

ADD “new paragraph” in place of (30), which will state:

This matter came before the undersigned judicial officer in Ramsey County based upon the stipulation of the parties.

(470) The parties have received and reviewed all documents necessary for preparation of this stipulation and order and agree to the terms of this order. The parties signed this stipulation which waives their right to a hearing in this matter.

(4050) The parties agree that the prior order should be modified because [FREE FORM TEXT].

(5090) By signing below, the parties and/or attorneys stipulate to and approve this document as to form and content.

(5160) * I have reviewed and agreed to the attached [DOCUMENT TITLE].

* I understand that the County Child Support Office, the County Attorney’s Office and other employees of the county do not represent me and cannot give me legal advice.

* I know I have the right to be represented by a lawyer of my choice. If I chose not to be represented by a lawyer in these proceedings, I hereby expressly waive (give up) the right to counsel.

* I have received and reviewed all documents used to prepare the [DOCUMENT TITLE].

* I understand the terms of this Order and waive (give up) my right to a hearing.

* I freely and voluntarily sign this Stipulation.

* I agree to the entry of this Order and waive (give up) my right to the twenty (20) day response time.

_____ Date: _____
[CP-NAME], CP-ROLE

_____ Date: _____
[NCP-NAME], NCP-ROLE

** PICS 5160 also includes GAL and Attorney signatures lines – delete if not applicable. **

(5180) Page Break

WAIVER OF ATTORNEY

I know I have the right to be represented by a lawyer of my choice. I hereby expressly waive that right, and I freely and voluntarily sign the foregoing Stipulation.

_____ Date _____
CP Name

_____ Date _____
NCP Name

¹ PICS language and numbers current as of 3/26/13 on DHS-SIR, as reviewed by Autumn Nelson

STIPULATIONS 101

1. Stipulations, can be for any change, up or down, even with public assistance open. Except we cannot do stipulations on custody or parenting time.
2. Agents – verify phone numbers and addresses for both parties when you talk to them (however, we don't need a verified POLT from the post office).
3. When the requesting party indicates that a stipulation is possible – ask them who will be discussing and confirming the stipulation with the other party:
 - a. If requesting party is going to contact the other party and confirm, then they need to get back to us within a week to 10 days with what the full agreement is. (We don't want these cases pending for months.)
 - b. If our office will be contacting the other party, then we need to know what the requesting party is asking for in the stipulation.
4. Fill out sheet, place in marked basket with physical file, on Case Resolution table.

Your work is done!