

Exhibit 20

AOC-152 Doc Code: OSUP
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Commonwealth of Kentucky
 Court of Justice www.courts.ky.gov



UNIFORM CHILD SUPPORT ORDER AND/OR
 WAGE/INCOME WITHHOLDING ORDER
 NEW ORDER AMENDED ORDER
 ORDER FOR WAGE/INCOME WITHHOLDING

Case No. _____
 Court District
 Circuit
 Family
 County _____
 IV-D Case No. _____

* See Footnotes & Additional Information

NOTICE: The Federal Income Withholding For Support Form OMB 0970-0154 must be used by private parties or their attorneys in non-IV-D eligible cases to notify an employer/income withholder of any wage/income withholding ordered herein.

Plaintiff/Petitioner Name _____ **Birthdate** _____ **SSN** _____

Defendant/Respondent Name _____ **Birthdate** _____ **SSN** _____

In Re: Child's Name _____

Social Security No. _____ Birthdate _____

Child's Name _____

Social Security No. _____ Birthdate _____

If there are more than two (2) children, attach separate sheet with identifying information and check here . Said attachment is incorporated into this Order by reference.

IT IS HEREBY ORDERED AND ADJUDGED THAT: The Mother Father Other _____ shall pay child support as follows:

1) \$ _____ per month as **current child support** effective _____, As determined by KY Child Support Guidelines; By written agreement of parties with knowledge of the Guidelines; Upon a finding that application of the Guidelines would be unjust or inappropriate because: _____

2) \$ _____ per month toward **arrearage judgment** totaling \$ _____, calculated for period beginning _____ and ending _____

3) Health insurance is currently accessible and reasonable in cost. The Mother Father is ordered to provide and maintain health insurance coverage for the minor child(ren). Health insurance is **not** currently accessible and reasonable in cost but shall be provided by the Mother Father when it becomes accessible and reasonable in cost. Extraordinary medical expenses shall be paid as follows: _____

4) \$ _____ per month for other expenses: _____

5) \$ _____ **TOTAL MONTHLY AMOUNT** to be paid at: ¹ \$ _____ per week bi-weekly semi-monthly month

6) Other conditions: _____

DOMESTIC VIOLENCE PROTECTIVE ORDER ISSUED [] YES [] NO
PROTECTED PARTY:
 [] PETITIONER
 [] RESPONDENT

Child Support Recipient's Name & Address ² -

¹ If child support is paid by wage withholding, a job change may affect the frequency and amount of wages to be withheld in order to meet the monthly obligation amount.
² Child support recipient may elect not to provide address information in this section but in order to be properly disbursed his/her mailing address must be provided to the child support agency.

CHILD SUPPORT SHALL CONTINUE IN FULL FORCE AND EFFECT UNLESS MODIFIED BY THE COURT, OR ENDED BY OPERATION OF LAW.

7) Check only box A, B, or C as appropriate and any applicable options therein.

- A. Child support ordered herein shall be subject to wage/income withholding on the effective date of this Order, to begin immediately.³ The employee is responsible for making payments to recipient: (check one)
- directly, OR through _____ until such time as child support is withheld from the employee's paycheck. This Order shall apply to any subsequent employer.

The Federal Income Withholding Support Form OMB 0970-0154 must be utilized by private parties and attorneys in non-IV-D eligible cases, and must direct the employer to remit payment to the State Disbursement Unit.⁴ Attach a copy of this Order, AOC-152, to Form OMB 0970-0154 when serving the employer.⁵

OR

- B. One party has demonstrated and the Court hereby finds that there is good cause not to require immediate wage/income withholding. Child support shall be paid as follows: (check one)
- Mailed directly to: Kentucky Child Support Enforcement at Centralized Collection Unit
P.O. Box 14059, Lexington, KY 40512-4059
- OR
- Other: _____

Wage/income withholding shall take effect when an arrearage accrues that is equal to the amount of support payable for one month without the need for a judicial or administrative hearing. If wage/income withholding becomes applicable, see footnotes 3, 4, and 5 below relating to the mandatory federal income withholding form.

OR

- C. The Court has made a finding that both parties have reached a written agreement which provides for an alternative arrangement to wage/income withholding as follows: _____
- _____
- _____

³ Effective June 1, 2012, the Federal Income Withholding For Support Form OMB 0970-0154 must be used by private parties or their attorneys in non-IV-D eligible cases to notify an employer/income withholder of any wage/income withholding ordered herein.

⁴ All child support payments made pursuant to a wage/income withholding order shall be directed to the State Disbursement Unit at: Kentucky Child Support Enforcement at Centralized Collection Unit, P.O. Box 14059, Lexington, KY 40512-4059.

⁵ Requesting party must mail Form OMB 0970-0154 and a copy of this Order, AOC-152, by certified mail to the employer within 2 working days.

Notice. Obligor: Interest may be charged on any delinquent child support payments. KRS 360.040 and 405.467(2).

<p>DOCUMENT PREPARER: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone No. _____</p> <p>***FOR PRIVATE NON-IV-D ELIGIBLE CASES, PREPARER MUST SEND COPY OF THIS ORDER TO: KENTUCKY CHILD SUPPORT ENFORCEMENT, NIVD UNIT, P.O. Box 2150, FRANKFORT, KY 40602 FAX: (502) 564-7938</p>

This order reflects statutory provisions of KRS 403.211-212, 405.467, 360.040, 405.465, 205.710, 205.712, 403.215, 403.750, and 610.170, the provisions of FCRPP 9, and section 466 of the Social Security Act.

Date: _____, _____ Judge

Distribution: Court File – Original. CHFS (place in Contracting Official's basket). Petitioner. Respondent.