## IN THE COURT OF COMMON PLEAS DOMESTIC RELATIONS DIVISION SUMMIT COUNTY, OHIO

	) CASE NO
Name	) ) SETS NO
Address	
Address	) JUDGE
Phone	) MAGISTRATE
Email	)
Plaintiff / Petitioner 1	) )
-VS-	) )
Name	) )
Address	) )
Address	) ) <mark>AGREED ENTRY</mark>
Phone	)
F '1	) CASH MEDICAL SUPPORT
Email	/ UNREIMBURSED MEDICAL EXPENSES
Defendant / Petitioner 2	) HEALTH INSURANCE
	that the Court adopt as an Agreed Entry the following imbursed medical expenses, and/or health insurance
Name:	DOB:/
Name:	DOB:/
Name:	DOB:/
	er 2 is the Child Support Obligor <i>(pays support)</i> and er 2 is the Child Support Obligee <i>(receives support)</i> .

The parties have reached an agreement, as follow	s (check all that apply):
Cash Medical Support Current Cash Medical Support: Requested cash medical support:	
Allocation of Unreimbursed Medical Expense  Current Allocation:% by Plain  Requested Allocation:% by Plain	tiff; % by Defendant
☐ Health Insurance: ☐ Private Insurance	Insurance Co Group #
State Health Insurance	Insurance Co Group #
☐ Attached is the current Order.	
Respectfully Submitted:	
Plaintiff / Petitioner 1 signature  SWORN TO before me and signed in my presence on this day of	Defendant / Petitioner 2 signature  SWORN TO before me and signed in my presence on this, day of,
Notary Public My Commission Expires:	Notary Public My Commission Expires:
	<u>ADER</u> oposed agreement hereby approves said Agreemen
IT IS SO ORDERED.	
	MAGISTRATE
	JUDGE