

RHODE ISLAND FAMILY COURT  
ADMINISTRATIVE ORDER 2010-1

REGISTRATION OF SUPPORT ORDERS WITH THE  
STATE CASE REGISTRY FOR CHILD SUPPORT ORDERS

CERTIFICATION OF COMPLIANCE WITH REGISTRATION REQUIREMENTS

Effective July 1, 2010 in accordance with P.L.1997, ch. 170, Section 1 amending Rhode Island General Laws Section 15-5-16.2 (h), all child support orders (including temporary orders) established or modified in Rhode Island on or after October 1, 1998, shall be recorded with the Rhode Island Family Court/Department of Human Services Office of Child Support Enforcement System that maintains the official State Case Registry of child support orders issued by the Rhode Island Family Court.

The child support order / medical order shall be recorded whether or not services are being provided under the IV-D State plan and whether or not payments are being made through the Family Court. The information provided to the State Case Registry will be furnished to Federal Case Registry of child support orders.


To effectuate the aforementioned law, each party to a child support or paternity proceeding (Domestic Relations and Reciprocal cases) shall provide complete and accurate information to the obligee's attorney or obligee, if pro se, in order to complete a Child Support Information and Payment Form (CSS-1, as revised; see attached). The obligee's attorney or obligee, if pro se, shall complete and file with the Family Court the CSS-1 form immediately after the court hearing and before leaving the court.

Instructions to execute the CSS-1 form are attached hereto and shall be followed. Thereafter, each party is required within 10 days to file an amended CSS-1 form whenever any of the information contained in the original form has changed in any way.

All Court Orders providing for the commencement, modification, or suspension of any order for child support; for a cash medical support order or provision to obtain/maintain medical insurance for a child, shall contain a certification by the Attorney for the party presenting the Order to the Court, or by the party himself/herself if pro se, that he / she has complied with the requirements of RIGL 15-5-16.2 (h) and filed Form CSS-1.

Failure to file the CSS-1 form may result in sanctions being assessed.

Date: 6-29-10

  
Jeremiah S. Jeremiah, Jr.  
Chief Judge

## CHILD SUPPORT CASE REGISTRATION AND PAYMENT FORM (CSS-1)

PURSUANT TO RIGL 15-5-16.2(H) THE CSS-1 FORM MUST BE COMPLETED WHENEVER ANY ORDER FOR SUPPORT, CASH MEDICAL, ARREARS OR PAST LIABILITY IS ENTERED, MODIFIED, OR SUSPENDED REGARDLESS OF WHETHER THE PAYMENT OF THE ORDER IS TO BE MADE THROUGH THE RHODE ISLAND FAMILY COURT COLLECTION UNIT.

### NON DISCLOSURE OF INFORMATION DUE TO FAMILY VIOLENCE:

CERTAIN INFORMATION CONTAINED ON THE CSS-1 FORM INCLUDING THE DOMESTIC VIOLENCE INDICATOR WILL BE PROVIDED IN ACCORDANCE WITH THE LAW TO THE FEDERAL CASE REGISTRY (FCR) FOR POSSIBLE FURTHER DISSEMINATION. CHECK THIS BOX ONLY IF YOU BELIEVE THERE IS A HISTORY OF DOMESTIC VIOLENCE AS DEFINED BELOW AND INDICATE WHOSE ADDRESS IS TO BE PROTECTED. THIS WILL PREVENT FCR FROM RELEASING THE ADDRESS INFORMATION TO ANYONE WITHOUT A COURT ORDER. IN ORDER TO PROTECT THE CONFIDENTIALITY OF THE ADDRESS INFORMATION CONTAINED IN THE COURT'S FILE, YOU MUST FILE A MOTION FOR NONDISCLOSURE OR A MOTION TO SEAL THE FILE DIRECTLY WITH FAMILY COURT AND SEEK COURT APPROVAL. OTHERWISE, THE COURT FILE SHALL REMAIN OPEN AS A PUBLIC RECORD AND, IF THE ADDRESS IS CONTAINED IN THE COURT FILE, IT MAY BE AVAILABLE FOR PUBLIC INSPECTION. IF YOU LEAVE THE DOMESTIC VIOLENCE INDICATOR BOX UNCHECKED IT WILL BE ASSUMED YOU DO NOT WISH TO PROTECT INFORMATION DUE TO FAMILY VIOLENCE AND THE INFORMATION WILL BE PROVIDED TO THE FCR IN ACCORDANCE WITH THE LAW.

A "HISTORY OF DOMESTIC VIOLENCE" MEANS THAT AN INDIVIDUAL HAS BEEN SUBJECTED TO:

- (i) PHYSICAL ACTS THAT RESULTED IN, OR THREATENED TO RESULT IN PHYSICAL INJURY TO THE INDIVIDUAL;
- (ii) SEXUAL ABUSE
- (iii) SEXUAL ACTIVITY INVOLVING A DEPENDENT CHILD'
- (iv) BEING FORCED AS A CARETAKER RELATIVE OF A DEPENDENT CHILD TO ENGAGE IN NONCONSENSUAL SEXUAL ACTS OR ACTIVITIES
- (v) THREATS OF, OR ATTEMPTS AT, PHYSICAL OR SEXUAL ABUSE;
- (vi) MENTAL ABUSE; OR
- (vii) NEGLIGENCE OR DEPRIVATION OF MEDICAL CARE

### HEALTH INSURANCE INFORMATION:

IN ADDITION TO THE NAME, DATE OF BIRTH, SEX, SOCIAL SECURITY NUMBER OF EACH CHILD, YOU MUST LIST HOW HEALTH INSURANCE IS PROVIDED FOR THE CHILD USING THE CODES LISTED.

**SELECTION OF SERVICE LEVEL:** THERE ARE FOUR (4) SERVICE LEVELS TO CHOOSE FROM. YOU MUST SELECT ONE OF THE FOLLOWING SERVICE LEVELS:

**FULL SERVICE** PROVIDES FULL ENFORCEMENT OF THE ORDER BY THE OFFICE OF CHILD SUPPORT SERVICES. THIS SERVICE LEVEL MUST BE SELECTED IF ANY CHILD RECEIVES ANY OF THE FOLLOWING PUBLIC BENEFITS: SUBSIDIZED DAYCARE (CCAP) OR WELFARE (RIWORKS). A CUSTODIAL PARENT OF ANY CHILD WHO RECEIVES ONLY MEDICAL ASSISTANCE (RITECARE / RITESHARE) OR WHO RECEIVES NO FORM OF PUBLIC BENEFIT CAN ALSO SELECT FULL SERVICE LEVEL. FULL SERVICE LEVEL IS AVAILABLE TO ANY CUSTODIAL PARENT FOR PAYMENT OF A \$20 APPLICATION FEE PAYABLE TO RHODE ISLAND OFFICE OF CHILD SUPPORT SERVICES AND SHOULD ACCOMPANY THE CSS-1 FORM WHEN SERVICES ARE FIRST APPLIED FOR. THE \$20 FEE IS WAIVED IF THE CHILD RECEIVES PUBLIC BENEFITS (WELFARE/RI WORKS, RITECARE, RITESHARE, CCAP).

**MEDICAL ONLY** - IF ANY CHILD RECEIVES ONLY RITECARE OR RITESHARE AND THE CUSTODIAL PARENT DOES NOT WANT THE OFFICE OF CHILD SUPPORT SERVICES TO ENFORCE THE CHILD SUPPORT PORTION OF THE ORDER, THE CUSTODIAL PARENT CAN ELECT MEDICAL SERVICE LEVEL AND ONLY THE MEDICAL PORTION OF THE ORDER WILL BE COLLECTED THROUGH THE FAMILY COURT; ALTERNATIVELY, THE CUSTODIAL PARENT CAN ELECT TO HAVE BOTH THE CHILD SUPPORT PORTION OF THE ORDER AND THE MEDICAL PORTION OF THE ORDER PAID THROUGH THE FAMILY COURT COLLECTION UNIT HOWEVER, OCSS WILL ONLY ENFORCE THE MEDICAL PORTION OF THE ORDER IF THIS SERVICE LEVEL IS SELECTED.

**BOOKKEEPING ONLY** IS AVAILABLE ONLY WHEN A CHILD DOES NOT RECEIVE PUBLIC BENEFITS (WELFARE, RITESHARE, RITECARE, CCAP) AND THE CUSTODIAL PARENT WANTS SUPPORT PAYMENTS TO BE MADE THROUGH THE FAMILY COURT, BUT DOES NOT WANT OCSS TO ENFORCE THE ORDER ON THE CUSTODIAL PARENT'S BEHALF.

**REGISTRATION ONLY** IS AVAILABLE ONLY WHEN A CHILD DOES NOT RECEIVE PUBLIC BENEFITS AND THE CUSTODIAL PARENT DOES NOT WANT THE SUPPORT ORDER PAID THROUGH THE FAMILY COURT COLLECTION UNIT.

**CHILD SUPPORT CASE REGISTRATION  
AND PAYMENT FORM (CSS-1)**

PURSUANT TO RIGL 15-5-16.2(h) THIS FORM MUST BE COMPLETED IN FULL FOR ALL NEW, MODIFIED OR  
SUSPENDED SUPPORT ORDERS REGARDLESS OF WHETHER PAYMENTS ARE TO BE MADE  
THROUGH RI FAMILY COURT  
PLEASE NOTE THERE ARE TWO (2) SIDES TO THIS FORM

DOMESTIC DOCKET # _____	RECIPROCAL DOCKET # _____	Merged Yes/No _____
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**OBLIGOR --- NON-CUSTODIAL PARENT (NCP)**  
 Check One  Plaintiff  Defendant  
 NAME: \_\_\_\_\_  
 FIRST MI LAST Mod  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE ZIP: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ SSN: \_\_\_\_\_  
 CELL PH # \_\_\_\_\_ HOME PH # \_\_\_\_\_  
 DRIVER'S LICENSE # \_\_\_\_\_ (IF KNOWN)  
 OBLIGOR'S ATTY: \_\_\_\_\_  
 ATTY BAR # \_\_\_\_\_ PHONE # \_\_\_\_\_

**OBLIGEE --- CUSTODIAL PARENT (CP)**  
 Check one  Plaintiff  Defendant  
 NAME: \_\_\_\_\_  
 FIRST MI LAST Mod  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE ZIP: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ SSN: \_\_\_\_\_  
 CELL PH # \_\_\_\_\_ HOME PH # \_\_\_\_\_  
 OBLIGEE'S ATTY: \_\_\_\_\_  
 ATTY BAR # \_\_\_\_\_ PHONE# \_\_\_\_\_

**EMPLOYMENT INFORMATION - OBLIGOR**  
 EMPLOYER NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY STATE ZIP PHONE

**NON DISCLOSURE OF INFORMATION  
DUE TO FAMILY VIOLENCE ( FVI ) \*\***  
 COMPLETE THIS SECTION ONLY IF THERE IS A HISTORY OF FAMILY VIOLENCE  
AS DEFINED IN RIGL 15-22-4.  
 NON-DISCLOSURE OF INFORMATION ON THE IV-D SYSTEM  
IS REQUESTED DUE TO DOMESTIC VIOLENCE -  
I CLAIM THE DISCLOSURE OF MY ADDRESS OR OTHER IDENTIFYING  
INFORMATION COULD BE HARMFUL TO ME OR THE CHILD(REN) IN MY CARE  
AS THERE IS A HISTORY OF FAMILY VIOLENCE AS DEFINED IN RIGL 15-22-4  
 WHOSE ADDRESS IS TO BE PROTECTED?  
 OBLIGEE / CHILDREN  OBLIGOR

**EMPLOYMENT INFORMATION - OBLIGEE**  
 EMPLOYER NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY STATE ZIP PHONE

\*\*CHECKING THE FVI BOX PREVENTS DISCLOSURE OF CERTAIN  
IDENTIFYING INFORMATION IN CONNECTION WITH THE IV-D CHILD  
SUPPORT PROGRAM ONLY. THE FVI DOES NOT SEAL THE FAMILY COURT  
FILE; THE FVI IS NEITHER A RESTRAINING ORDER NOR AN ORDER FOR  
PROTECTION. YOU MUST FILE A SEPARATE MOTION TO SEAL THE COURT  
FILE IF YOU WANT THAT INFORMATION PROTECTED.

NAMES OF DEPENDENT CHILDREN (ATTACH ADDITIONAL SHEET IF MORE THAN THREE CHILDREN)						
CHILD'S NAME	SEX	DOB	SOCIAL SECURITY #	HEALTH INS THRU: Circle all that apply		
1 FIRST MI LAST Mod	M / F	_____	_____	CP	NCP	STATE
2 FIRST MI LAST Mod	M / F	_____	_____	CP	NCP	STATE
3 FIRST MI LAST Mod	M / F	_____	_____	CP	NCP	STATE

**HEALTH INSURANCE CODES**  
 CP= CUSTODIAL PARENT'S EMPLOYER SPONSORED PLAN WITH OR WITHOUT STATE SUBSIDY  
 NCP= NON CUSTODIAL PARENT'S EMPLOYER SPONSORED PLAN WITH OR WITHOUT STATE SUBSIDY  
 STATE= INSURANCE IS PROVIDED BY ONE OF FOLLOWING: RITECARE / RITESHARE / RIWORKS

ORDER INFORMATION: Hearing Date: \_\_\_\_\_ Judge/Magistrate: \_\_\_\_\_

HAS WAGE ASSIGNMENT BEEN ORDERED BY THE COURT? [ ] YES [ ] NO

**ONGOING ORDERS FOR CHILD SUPPORT  
SPOUSAL SUPPORT, CASH MEDICAL & ARREARS**

TYPE	AMOUNT	ORDER EFFECTIVE DATE	ORDER SUSPEND DATE
CHILD SUPPORT**	\$ _____ WEEK / BI-WK / MTH	_____	_____
**EXCLUSIVE OF CASH MEDICAL ORDER			
CASH: MEDICAL	\$ _____ WEEK / BI-WK / MTH	_____	_____
ARREARS:	\$ _____ WEEK / BI-WK / MTH	_____	_____
SPOUSAL:	\$ _____ WEEK / BI-WK / MTH	_____	_____
PAST LIABILITY pursuant to RIGL 15-8-4	\$ _____ WEEK / BI-WK / MTH	_____	_____

**ARREARS - ESTABLISHED BY COURT ORDER**

ARREARS FOR:	BALANCE	ESTABLISHED AS OF (DATE)
CHILD SUPPORT- Owed to CP/ Non Welfare	\$ _____	_____
Owed to STATE (Welfare)	\$ _____	_____
CP MEDICAL ARREARS **	\$ _____	_____
STATE CASH MEDICAL .....	\$ _____	_____
SPOUSAL SUPPORT .....	\$ _____	_____
PAST LIABILITY (RIGL 15-8-4) Owed to CP.....	\$ _____	_____
Owed to STATE .....	\$ _____	_____

\*\*CP medical arrears, including amounts due for un-reimbursed medical/dental expenses per court order to be paid through the Family Court Collection Unit

**INTEREST ON ARREARS:** [ ] INTEREST ON ARREARS SHALL ACCRUE [ ] INTEREST ON ARREARS SHALL NOT ACCRUE

**MEDICAL INSURANCE INFORMATION**

IS THERE A COURT ORDER FOR EITHER PARTY TO OBTAIN/MAINTAIN INSURANCE FOR CHILD/CHILDREN YES NO

IF YES, WHICH PARTY WAS ORDERED TO MAINTAIN THE INSURANCE? CUSTODIAL NON CUSTODIAL

ARE ALL CHILDREN IN THIS CASE CURRENTLY COVERED UNDER A MEDICAL INSURANCE PLAN?..... YES NO

- IF YES, HOW IS THE CHILD'S INSURANCE BEING PROVIDED? (CHECK ALL THAT APPLY)
- [ ] CUSTODIAL PARENT THRU EMPLOYER SPONSORED PLAN WITHOUT ANY STATE SUBSIDY
  - [ ] NON CUSTODIAL PARENT THRU AN EMPLOYER SPONSORED PLAN
  - [ ] STATE MEDICAID RITECARE / RITESHARE / RIWORKS

IF THE NON CUSTODIAL PARENT DOES NOT COVER THE CHILD THROUGH AN EMPLOYER SPONSORED PLAN, ANSWER THE FOLLOWING BELOW:

- DOES NCP EMPLOYER OFFER FAMILY HEALTH INSURANCE ..... YES NO
- IS COST OF INSURANCE REASONABLE (5% OR LESS OF NCP GROSS INCOME)?..... YES NO
- IS THERE A COURT ORDER FOR CASH MEDICAL CONTRIBUTION BY NCP?..... YES NO

**IMPORTANT NOTICE - SELECTION OF SERVICE LEVEL**

IN ANY CASE WHERE A CHILD RECEIVES PUBLIC BENEFITS THROUGH WELFARE (RI WORKS) OR THROUGH THE STATE CHILD CARE PROGRAM (CCAP) ALL CHILD SUPPORT PAYMENTS MUST BE MADE THROUGH THE RI FAMILY COURT AND THE OBLIGEE MUST SELECT FULL SERVICE LEVEL.

IN ANY CASE WHERE A CHILD RECEIVES ONLY STATE MEDICAID (RITECARE / RITESHARE) THE OBLIGEE MUST SELECT EITHER "FULL SERVICE" OR "MEDICAL ONLY" SERVICE LEVEL AND MAY NOT SELECT BOOKKEEPING OR REGISTRATION ONLY.

IN ANY CASE WHERE A CHILD RECEIVES NO PUBLIC BENEFITS, THE OBLIGEE MAY ELECT FULL SERVICE, BOOKKEEPING ONLY OR REGISTRATION OF INFORMATION ONLY.

I ELECT THE SERVICE LEVEL MARKED BELOW. BY SIGNING THIS FORM I AUTHORIZE THE RI FAMILY COURT THROUGH ITS COOPERATIVE AGREEMENT WITH DHS/RI OFFICE OF CHILD SUPPORT SERVICES (OCSS) TO COLLECT MY CHILD SUPPORT AND/OR MEDICAL SUPPORT AS MAY BE APPROPRIATE.

[ ] FULL SERVICES - SUPPORT PAID THROUGH THE RI FAMILY COURT AND OFFICE OF CHILD SUPPORT SERVICES (OCSS) TO PROVIDE FULL ENFORCEMENT ATTACH \$20 APPLICATION FEE TO NEW APPLICATIONS WHEN CHILD DOES NOT RECEIVE WELFARE, STATE MEDICAL ASSISTANCE OR CCAP

[ ] MEDICAL ONLY - CHECK EITHER A OR B BELOW

THE CHILD/CHILDREN RECEIVE STATE MEDICAL ASSISTANCE ONLY (RITECARE OR RITESHARE) AND I DO NOT WANT OCSS SERVICES FOR CHILD SUPPORT

A. [ ] I DO NOT WANT OCSS SERVICES TO ENFORCE THE CHILD SUPPORT PORTION OF THE ORDER AND ONLY MEDICAL ORDERS WILL BE PAID THROUGH FAMILY COURT OR ENFORCED BY OCSS

B. [ ] BOTH CASH MEDICAL AND SUPPORT WILL BE PAID THROUGH FAMILY COURT BUT I DECLINE OCSS SERVICES TO ENFORCE THE SUPPORT PORTION OF THE ORDER.

[ ] BOOKKEEPING ONLY - PAYMENT TO BE MADE THROUGH THE FAMILY COURT, BUT NO OCSS SERVICES TO ENFORCE ORDER

[ ] REGISTRATION OF ORDER INFORMATION ONLY - PAYMENTS WILL NOT BE SUBMITTED THROUGH THE RI FAMILY COURT; THERE ARE NO PUBLIC BENEFITS FOR ANY CHILD IN THE CASE

DATE: \_\_\_\_\_ CUSTODIAL PARENT/ OBLIGEE SIGNATURE: \_\_\_\_\_

PAYMENTS TO THE OBLIGEE CANNOT BE DISBURSED UNLESS THIS SECTION IS COMPLETE.

OBTAIN MORE INFORMATION AND AN APPLICATION FOR RI CHILD SUPPORT SERVICES (OCSS) AT [WWW.CSE.RI.GOV](http://WWW.CSE.RI.GOV)