

**Superior Court of New Jersey, Chancery Division, Family Part  
TEMPORARY SUPPORT ORDER**

|                       |                       |                              |
|-----------------------|-----------------------|------------------------------|
| Plaintiff:            | Defendant:            | Docket No.                   |
|                       |                       | County:                      |
| Plaintiff's Attorney: | Defendant's Attorney: | Probation Account No.,<br>CS |

Pursuant to a proceeding before the Superior Court, Chancery Division, Family Part on this day, it is ordered that the  Plaintiff  Defendant make support payments and/or provide health care coverage as set forth below.

- Support payments shall be paid through an income withholding issued pursuant to N.J.S.A. 2A:17-56.7 et seq. The obligor must make support payments directly to the New Jersey Family Support Payment Center, Post Office Box 4880, Trenton, New Jersey 08650, until the support payments are withheld from the obligor's income. Payments shall commence on the effective date of this order and shall be administered and enforced by the \_\_\_\_\_ Probation Division.
- Income withholding is not ordered. Support payments shall be administered and enforced by the \_\_\_\_\_ Probation Division. The obligor must make support payments directly to the New Jersey Family Support Payment Center, Post Office Box 4880, Trenton, New Jersey 08650. Payments shall commence on the effective date of this order.
- Support payments shall be made by direct payments from the obligor to the obligee.
- Plaintiff  Defendant is required to provide health care coverage for the child(ren).

This Temporary Order shall remain in effect until the entry of a final judgment or a subsequent order in this matter is submitted to the above Probation Division. Parties paying support through the NJ Family Support Payment Center are also required to include a \_\_\_\_\_ Confidential Litigant Information Statement unless one has been provided prior to the submission of this Temporary Support Order. R. 5:7-5(b).

|                       |                         |                  |
|-----------------------|-------------------------|------------------|
| Child Support Amount: | Spousal Support Amount: | Arrears Payment: |
|-----------------------|-------------------------|------------------|

|                 |   |
|-----------------|---|
| Effective Date: | Frequency:<br><input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly |
|-----------------|---|

| Child's Name | Date of Birth | Child's Name | Date of Birth |
|--------------|---------------|--------------|---------------|
| 1.           |               | 5.           |               |
| 2.           |               | 6.           |               |
| 3.           |               | 7.           |               |
| 4.           |               | 8.           |               |

Arrears are to be calculated based upon the amounts and effective date noted above.

|  |       |
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| So ORDERED by the Court:<br><br><br><br><br><br><br><br><br><br>, J.S.C. | Date: |
|--|-------|