

APPLICATION FOR CHILD SUPPORT SERVICES

NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

IMPORTANT: If you are receiving ADC or Medicaid, do **not** complete this application, because you became eligible for child support services when you signed the ADC/Medicaid application.

I, the undersigned, _____, request child support services from the Warren County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is one dollar application fee.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (*See attached right and responsibility information*).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g. prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

1. Location of Absent Parents.

The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "Location Services Only", if the sole need is to find the whereabouts of the absent parent.

2. Establishment of Modification of Child Support and Medical Support.

The CSEA can assist you to obtain an order for support if you are separated, have been deserted or need to establish paternity (*fatherhood*). The CSEA can also assist you in changing the amount of support order (*adjustment*), and to establish a medical support order.

3. Enforcement of Existing Orders.

The CSEA can help you collect current and past-due child support.

4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.

The agency can collect past-due support (*arrearages*) by intercepting a payor's federal and state income tax refunds in some cases.

5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.

The agency can help you get payroll deductions for current and past-due child support and can intercept unemployment compensation to collect child support.

6. Establishment of Paternity.

The agency can obtain an order for the establishment of paternity (*fatherhood*), if you were not married to the father of the child. An absent parent may request paternity services.

7. Collection and Disbursement of Payments.

The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.

8. Interstate Collection of Child Support. The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)

Name (Last, First, Middle)	Date of Birth
Complete Address (Street/Route, PO Box)	Your Contact Information (phone number, email address)
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Relationship to Child(ren)	Prior Military Service (Branch/Date)
Ever been on Public Assistance? (when and where)	
Employer's Name	Employer's Phone Number
Employer Complete Address	Is Medical Insurance Available?

INFORMATION ON CHILDREN

	Child #1	Child #2	Child #3	Child #4
Name				
Sex				
Race				
Social Security No.				
Date of Birth				
Location of Birth				
Name(s) of Absent Parent				
Has Paternity (Fatherhood) been established?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an Order for Support (Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child covered by Medical Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what company?				

ABSENT PARENT INFORMATION OR PARENT TO PAY CHILD SUPPORT

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name (and alias)			
Address: City, State, Zip Code			
Social Security Number			

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Date of Birth (DOB)			
Location of Birth			
Race			
Sex			
Height / Weight			
Hair / Eye Color			
Identifying Marks (tattoos, scars, etc.)			
Names of Children			
Name & Address of Employer City, State, Zip Code			
Employer Phone No.			
Medical Insurance Provided?			
Support Order?			
Amount of Support Ordered (Wk, Bi-Wk, Mo)			
Case Number on Support Order			
Date of Support Order			
Location Where Order Was Issued: City, County, State			
Military Service: Give Date and Brand Entered			
Arrest Record: Give Date and Place of Arrest			
Ever incarcerated? (location and dates)			
If the absent parent has been on the Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			
Father's Name			
Mother's Name			

HAVE YOU EVER BEEN ON PUBLIC ASSISTANCE? Yes No

When _____ Where _____

Date _____ City and State _____ County _____

Type(s) of Service(s) Requested:

- All services listed
- Location of absent parent only
- Other (please explain) _____

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support service (IV-D Services).

Signature of Applicant _____ Date _____

(Do Not Write In This Space)		FOR AGENCY USE ONLY	
Case Name	Dated Requested	Date Mailed or Provided	
Case Number		Dated Returned or File Date	