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, ________________________________, request child support services from the __________________ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

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 a one dollar application fee. Some counties pay this fee for the applicants.

C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights 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 Only Services’ if the sole need is to find the whereabouts of the absent parent.

2. Establishment or Adjustment of Child Support and Medical Support.
   The CSEA can assist you in obtaining 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 orders (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.

   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.

   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.

   The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.
APPLICANT INFORMATION

Name: ____________________________ Date of Birth: ____________________________

Home Address: ____________________________ Mailing Address: ____________________________

________________________________________

Home Phone #: ____________________________

Social Security #: ____________________________ Sex: ____________________________

Race: ____________________________

☐ Single ☐ Married

☐ Divorced ☐ Separated

Relationship to Children: ____________________________

Military Service: ____________________________ Ever been on

(Branch Dates): ____________________________ Public Assistance?

(When and Where): ____________________________

EMployer INFORMATION

Employer Name: ____________________________ Employer Phone #: ____________________________

Employer: ____________________________

Is Medical Insurance Available? ____________________________

Address: ____________________________

________________________________________

CHILD 1           CHILD 2           CHILD 3

Name: ____________________________

Sex: ____________________________

Race: ____________________________

Social Security #: ____________________________

Date of Birth: ____________________________

Home Address: ____________________________
**Location of Birth:**
(Country, State, City)

**Has Paternity (Fatherhood) been Established?**

**Name(s) of Absent Parent(s):**

**Is there an Order for Support?**

**Is the Child covered by Medical Insurance?**

### ABSENT PARENT INFORMATION

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<th>PARENT 1</th>
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<th>PARENT 3</th>
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**Name (and alias):**

**Home Address:**

**Mailing Address:**

**Social Security #:**

**Date of Birth:**

**Location of Birth (Country, State, City):**

**Race:**

**Sex:**

**Height / Weight:**

**Hair / Eye Color:**

**Identifying Marks (Tattoos, scars, etc.):**

**Names of Children:**

**Name and Address of Employer:**
Employer Phone #:  

Medical Insurance Provided:  

Support Order #:  

Date of Support Order:  

Amount of Support: $  

Order Frequency: Per  

Location where Order was issued:  

Military Service (Branch, Dates):  

Ever Incarcerated? (Location, Dates):  

Arrest Record (Location, Dates):  

Name, Address  

Current Spouse:  

Father's Name:  

Mother's Name (Maiden):  

Ever been on Public Assistance? (Location, Dates):  

Type(s) of Services 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 services (IV-D Services)  

Signature of Applicant:  

Date:  

JFS 0750 (Rev 12 2001)
RIGHTS AND RESPONSIBILITIES OF PARENTS
RECEIVING CHILD SUPPORT SERVICES

Confidentiality of Case Material Information

You have the right to see the parts of your file at the Child Support Enforcement Agency (CSEA) about you and action taken for you by the agency.

You cannot see some parts of your file that are protected by confidentiality laws, such as information obtained from the Internal Revenue Service (IRS).

Information about you in the CSEA file is confidential. However, certain portions of your file become public record when a court is notified about your case.

Hearing Rights

If you disagree with any action, lack of action or delay by the CSEA, you can ask for a state hearing. For a full explanation of your hearing rights and the hearing process, please read the attached JFS 04059, Explanation of State Hearing Procedures.

OWF Participants

As a condition of eligibility to receive OWF benefits, you give up the right to keep child and spousal support up to the amount of assistance you received.

You must cooperate in establishing paternity for each child born, if you were not married to the father.

You must assist the (CSEA) in getting support payments and any other payments.

If you fail to cooperate without good cause (determined by your CSEA), you may be ineligible to receive OWF benefits.

While a family is receiving OWF, support collections are used to repay benefits. When a family leaves OWF, current support and family arrears are released to the family. Payments from the IRS are applied to repay benefits before being applied to support payable to the household.

Medicaid Participants

While Medicaid benefits are received, medical support is paid to ODJFS to reimburse Medicaid benefits. If health insurance is available, that insurance will be used first for payment of medical bills. If you are eligible for Medicaid and are also covered by a health insurance plan, it is your responsibility to notify the physician, hospital or other provider of medical services that you have medical insurance coverage and Medicaid coverage for the uninsured costs.

IV-E Foster Care Participants

If a child receives Title IV-E foster care benefits, the assignment includes current child support during the time the child is eligible for benefits and child support arrearages accruing before and during the time the child is eligible for benefits. Support received that does not exceed foster care maintenance payments is distributed to reimburse Title IV-E benefits. When IV-E foster care maintenance benefits stop, the assignment of support rights terminates, except for the amount of any unpaid support that accrued under the assignment.
The CSEA Can Assist You With the Following Available Services:

1. **Location of Absent Parent(s) including “Location Only Services”.** If the sole need is to find the absent parent.

2. **Establishing Paternity:** Obtaining an order to establish paternity if you were not married to the father of the child. An absent parent may also request paternity services.

3. **Establishment of Child Support and Medical Support:** The CSEA can help with the establishment of an order for child support and medical support if you are separated, living apart, or need to establish paternity.

4. **Enforcement of Existing Orders:** Current support and back child support.

5. **Federal and State Income Tax Refund Offset:** Intercepting a payor’s federal and state income tax refunds.

6. **Withholding of Various Types of Income:** Payroll deductions for current and back support.

7. **Collection and Disbursement of Payments:** Collect support payments and send them to you the amount of support payments received.

8. **Interstate Collection of Support:** Can assist you if the payor is living in another state or in some foreign countries.

9. **Review and Adjustment of Child Support Orders:** Each party to the support order has a right to request a review of the child support and medical support order thirty-six (36) months from the establishment of the order or from the date of the most recent review, or sooner, if certain circumstances are met. Contact the CSEA for further details.

**Fees:**

There is an application fee of one dollar for applicants not receiving OWF, Medicaid, or IV-E foster care benefits. The application fee may be absorbed by the CSEA.

There is no charge to recipients of OWF, Medicaid, and IV-E foster care.

**Child Support Overpayments:**

An overpayment is child support that you are not entitled to keep because:

- You have assigned (transferred) your rights to support to ODJFS.

- The payment was made to you instead of ODJFS.

- The payment was sent to you in error by ODJFS.

I understand that I am personally liable for returning any amounts paid to me in error, including amounts that must be returned because IRS or the Ohio Department of Taxation (ODT) accepts an amended tax return or complaint from the non-obligated spouse. I also understand that, in tax refund situations, I may be required to sign an affidavit attesting to the amount of support arrears.
What is a State hearing?
If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the county department of job and family services (CDJFS), the county child support enforcement agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

How to ask for a Hearing
To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, fill out that form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food stamps, you may request a hearing on the amount of your food stamps at any time during your certification period.

If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

How to Request a Telephone Hearing
If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day at the scheduled time for your hearing at the telephone number you provide.

Continuing Assistance or Services
If you receive a notice that your assistance or services will be reduced, stopped, or restricted, the action will not be taken until the hearing is decided if we receive your request within the 15 days of the mailing date on the notice.

In the food stamp program, your benefits will continue only until the end of your certification period. After that your must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquiry if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

County Conference
An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

When will the Hearing be Held?
After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice will also tell you what to do if you cannot come to the hearing as scheduled.

Where are Hearings Held?
Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that on your hearing request.

Postponement of the hearing
If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food stamp program postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.
If you do not Attend the Hearing
The Bureau of State Hearings will send you a dismissal notice if you don’t come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

Before the Hearing
You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you don’t know how to reach your local aid office, call 1-800-589-5888, toll-free, for the local number. If you want notice of the hearing sent to your lawyer, you must give the hearings section your lawyer’s name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or getting copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

Subpoena
You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and that are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want subpoenaed.

At the Hearings
You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail, issued by the hearing authority.

Group Hearings
The hearings office may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

After the Hearing
You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food stamps, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

Compliance with the Hearing Decision
If the hearing decision orders an increase in your food stamps, you should get the increase about 10 days of the date decision. If the decision orders a decrease in your food stamps, you should get the new, smaller amount the next time you regularly get food stamps.

In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

Another Action Requires Another Hearing
If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or decision, you must ask for another hearing if you disagree with the new action. Remember, the fact that you are waiting for a hearing or decision will not stop another action from being taken on your case. You must ask for another hearing on the new action.
Parentage and/or Support Establishment
Information Sheet
(Please Complete All Pages)

Case #:______________________________

YOUR NAME:__________________________________________________________

Do the children live with you? [ ] Yes [ ] No

If you are under 18, provide name and address of your parent/custodian/guardian

Name of parent/custodian/guardian __________________________ Relationship to Guardian __________________________

Address of parent/custodian/guardian __________________________ City __________ State __________ Zip __________

________________________________________________________________________

INFORMATION ABOUT YOU:

________________________________________________________________________

Address __________________________ City __________ State __________ Zip __________

Date of birth:________________________
Phone (where you can be reached):________________________ Social Security #:________________________
Employer: __________________________ Employer Phone: __________________________
Employer Address: __________________________
What is your relationship to the children? __________________________
Are you now or have you ever been married? [ ] yes [ ] no
If yes, please provide the name(s) of other party(s) and the date(s) of marriage(s) __________________________

Are you presently divorced? [ ] yes [ ] no If yes, please provide the date and place of the divorce: __________________________
Is there presently any divorce action pending? ( ) yes ( ) no If yes, please answer the following questions:
* In what county and state will the divorce action take place? __________________________
* What is the anticipated date of the final hearing? __________________________
* If the case number is known, please provide it __________________________

Are there any temporary court orders regarding child(ren)? ( ) yes ( ) no
Are there any Civil Protection orders regarding you or child(ren)? ( ) yes ( ) no

________________________________________________________________________

INFORMATION ABOUT THE OTHER PARENT:

Other Parent's Name: __________________________

Address __________________________ City __________ State __________ Zip __________

Phone Number (where they can be reached): __________________________
Social Security #: __________________________ Date of birth: __________________________
If date of birth of other parent is unknown, give approximate age or month born: __________________________
Employer: __________________________ Employer Phone: __________________________
Employer Address: __________________________
Physical Description of Other Parent:

Height: ______ Weight: ______ Race (for identification purposes only): _______________________
Hair Color: _______ Eye Color: _______ Scars/Tattoos: ________________________________

Aliases/Nicknames of other parent: ________________________________________________
If present employer is unknown, provide past employers: ______________________________
Has the other parent ever served in the military? [ ] Yes [ ] No
If yes, Branch and Date: ________________________________________________________
Please check any of the following the other parent is currently receiving or has ever received
including the dates and state received in:
Public Assistance (food stamps, Medicaid, cash assistance):
Unemployment: __________________________
Workers' Comp: __________________________
Soc. Security: ____________________________
Veteran's Benefits: ______________________
Does the Other parent own any property? [ ] Yes [ ] No If yes, list address:

<table>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

Was the other parent ever in jail? [ ] Yes [ ] No Where & When? _______________________
Does the other parent visit the children? [ ] Yes [ ] No How often? ___________________
Does the other parent receive mail at your present address? [ ] Yes [ ] No
Has the other parent ever lived with you? [ ] Yes [ ] No If yes, where and when? _______

When and where was the last contact you had with the other parent? ___________________

Provide the other parent's mother's and father's full name and address (if deceased please
note that): ____________________________________________________________

Has the other parent been married to or lived with someone else? [ ] Yes [ ] No If yes, with
whom and when? __________________________________________________________

Complete the following if the other parent has a child(ren) with someone other than you
Include city & state where they live:
Child's Name: _______ City & State: _______ Date of Birth: _______ Other Parent of Child:

___________________________________________________________________________

Provide any other information which might be helpful in locating the absent parent:

Where did you meet the other parent? (please be specific): ________________________

Provide the other parent's place of birth:

List all of the states where the other parent has lived, including all known addresses:

IF AVAILABLE PLEASE PROVIDE A PHOTO OF THE OTHER PARENT
INFORMATION REGARDING THE CHILD/REN BORN TO YOU AND THE OTHER PARENT:

First Child

1. Child's name:_____________________________________________________
   First                  Middle                  Last

2. Child's address:_________________________________________________

3. Child's date of birth:___________________ Child's Social Security #:___________________

4. If the child was born on or after 7/15/92, did you sign the birth certificate? [ ] Yes [ ] No
   If yes, please provide a copy to this office (it is required before we can proceed).

5. Has there ever been a paternity action regarding this child in any other county or state?
   [ ] Yes [ ] No  If yes, where?________________________________________

6. Were you married to any other person when this child was born? [ ] Yes [ ] No
   If yes, to whom?______________________________________________________

7. Have you ever been to court regarding this child? [ ] Yes [ ] No
   If yes, where & when?________________________________________________

8. Did anyone sign as father of this child on the birth certificate or a Paternity Affidavit?
   [ ] Yes [ ] No  If yes, who?____________________________________________

9. State child was conceived in:_________________ State child was born in:____________

10. Did you have sexual intercourse with anyone else one month before or one month after
    the date of conception? [ ] Yes [ ] No  Name of person:____________________

Second Child

1. Child's name:_____________________________________________________
   First                  Middle                  Last

2. Child's address:_________________________________________________

3. Child's date of birth:___________________ Child's Social Security #:___________________

4. If the child was born on or after 7/15/92, did you sign the birth certificate? [ ] Yes [ ] No
   If yes, please provide a copy to this office (it is required before we can proceed).

5. Has there ever been a paternity action regarding this child in any other county or state?
   [ ] Yes [ ] No  If yes, where?________________________________________

6. Were you married to any other person when this child was born? [ ] Yes [ ] No
   If yes, to whom?______________________________________________________

7. Have you ever been to court regarding this child? [ ] Yes [ ] No
   If yes, where & when?________________________________________________

8. Did anyone sign as father of this child on the birth certificate or a Paternity Affidavit?
   [ ] Yes [ ] No  If yes, who?____________________________________________

9. State child was conceived in:_________________ State child was born in:____________

10. Did you have sexual intercourse with anyone else one month before or one month after
    the date of conception? [ ] Yes [ ] No  Name of person:____________________

IF THERE ARE MORE THAN TWO CHILDREN, PLEASE
USE THE BACK OF THIS PAGE
TO YOU AND THE OTHER PARENT:  (Continued)

Third Child

1. Child’s name:  
   First  Middle  Last

2. Child’s address:  

3. Child’s date of birth:  
   Child’s Social Security #:  

4. If the child was born on or after 7/15/92, did you sign the birth certificate?  [ ] Yes  [ ] No  
   If yes, please provide a copy to this office (it is required before we can proceed).

5. Has there ever been a paternity action regarding this child in any other county or state?  
   [ ] Yes  [ ] No  If yes, where?  

6. Were you married to any other person when this child was born?  [ ] Yes  [ ] No  
   If yes, to whom?  

7. Have you ever been to court regarding this child?  [ ] Yes  [ ] No  
   If yes, where & when?  

8. Did anyone sign as father of this child on the birth certificate or a Paternity Affidavit?  
   [ ] Yes  [ ] No  If yes, who?  

9. State child was conceived in:  
   State child was born in:  

10. Did you have sexual intercourse with anyone else one month before or one month after  
    the date of conception?  [ ] Yes  [ ] No  Name of person:  

Fourth Child

1. Child’s name:  
   First  Middle  Last

2. Child’s address:  

3. Child’s date of birth:  
   Child’s Social Security #:  

4. If the child was born on or after 7/15/92, did you sign the birth certificate?  [ ] Yes  [ ] No  
   If yes, please provide a copy to this office (it is required before we can proceed).

5. Has there ever been a paternity action regarding this child in any other county or state?  
   [ ] Yes  [ ] No  If yes, where?  

6. Were you married to any other person when this child was born?  [ ] Yes  [ ] No  
   If yes, to whom?  

7. Have you ever been to court regarding this child?  [ ] Yes  [ ] No  
   If yes, where & when?  

8. Did anyone sign as father of this child on the birth certificate or a Paternity Affidavit?  
   [ ] Yes  [ ] No  If yes, who?  

9. State child was conceived in:  
   State child was born in:  

10. Did you have sexual intercourse with anyone else one month before or one month after  
    the date of conception?  [ ] Yes  [ ] No  Name of person:  

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I have fully answered the questions on this form. The answers are true to the best of my knowledge. I understand that if the Child Support Enforcement Agency (CSEA) accepts my case, a Paternity action will be filed against the person I stated to be the other parent at no cost to me. If I decide to hire a private attorney, legal fees will be my responsibility. I understand that the CSEA and its Staff Attorney and Hearing Officers represent the State of Ohio and not me. I understand that if I change my address, I must report it in writing to the CSEA. I understand that I must fully cooperate with the CSEA, which may include appearing at any court hearings or scheduled appointments. I understand that if I fail to cooperate with the CSEA, the Staff Attorney will have no choice but to dismiss my case. If I am on OWF or MEDICAID, I understand that failing to cooperate with the CSEA may also affect my benefits.

I have fully read the above or it has been read to me. I understand the above and those parts I did not understand have been fully explained to me.

__________________________________________  __________________________
Your Signature                                     Date

__________________________________________  __________________________
Signature of person completing the form (if not the applicant)   Date