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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 Sandusky Co. 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 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 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.
- 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

Name: _____	Date of Birth: _____
Home Address: _____ _____	Mailing Address: _____ _____
Home Phone #: _____	
Social Security #: _____	Sex: _____
Race: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married
Relationship to Children: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Military Service (Branch, Dates): _____	Ever been on Public Assistance? (When and Where) _____
	_____
	_____

## EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer Address: _____	Is Medical Insurance Available? _____
_____	_____
_____	_____

	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**

	PARENT 1	PARENT 2	PARENT 3
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:			

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Employer Phone #:

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Medical Insurance  
Provided?

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Support Order #:

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Date of Support Order:

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Amount of Support:

\$	\$	\$
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Order Frequency:

Per	Per	Per
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Location where Order  
was issued:

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Military Service  
(Branch, Dates):

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Ever Incarcerated?  
(Location, Dates):

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Arrest Record  
(Location, Dates):

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Name, Address

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Current Spouse:

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Father's Name:

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Mother's Name  
(Maiden):

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Ever been on  
Public Assistance?  
(Location, Dates)

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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 services (IV-D Services).

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## Parentage and/or Support Establishment Questionnaire

(Please complete all pages)

Case # : \_\_\_\_\_ Do the children live with you:  Yes or  No

What is your relationship to the children? \_\_\_\_\_

### Information about YOU:

Your Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone # where you can be reached: \_\_\_\_\_

May we contact you by phone?  Yes or  No

Email Address: \_\_\_\_\_

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

\_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Provide complete address of parent/custodian/guardian:**

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Are you now or have you ever been married?  Yes or  No If yes, please provide the name(s) of the other party(s) and the date(s) of marriage(s):

\_\_\_\_\_

Are you currently Divorced?  Yes or  No If yes, please provide the date and place of divorce:

\_\_\_\_\_ Name of the person(s) you divorced: \_\_\_\_\_

Is there currently any divorce/dissolution action pending?  Yes or  No If yes, answer below:

\* In what state and county will the divorce/dissolution action take place? \_\_\_\_\_

\*What is the anticipated date of the final hearing? \_\_\_\_\_

\* Do you have an attorney?  Yes or  No Attorney's Name: \_\_\_\_\_

\*If the court case/docket number is known, please provide it: \_\_\_\_\_

**ARE THERE ANY TEMPORARY COURT ORDERS REGARDING CHILD(REN)?  Yes or  No**

**ARE THERE ANY CIVIL PROTECTION ORDERS REGARDING YOU OR THE CHILDREN?  Yes or  No**

**\*\*\* (PLEASE PROVIDE A COPY OF ANY TEMPORARY COURT ORDERS OR PROTECTION ORDERS) \*\*\***

**Information about the other parent:**

Other Parent’s Name: \_\_\_\_\_

Aliases Or Nicknames: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

If date of birth of other parent is unknown, give approximate age or month born: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone # where they can be reached: \_\_\_\_\_

**Employment information for the other parent:**

Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

If you don’t know exactly where they work, what type of work do they normally do?

\_\_\_\_\_

Known Past Employers: \_\_\_\_\_

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**Physical Description of the Other Parent:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race (for identification purposes only): \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Scars/ Tattoos: \_\_\_\_\_

**Military Service for Other Parent**

Has the other parent ever served in the military:  Yes or  No

If yes, branch of service: \_\_\_\_\_ Dates of military Service: \_\_\_\_\_

**Please check any of the following if the other parent is currently receiving or has ever received including the dates and state received in (if known):**

Food Assistance \_\_\_\_\_  Medicaid \_\_\_\_\_

Cash Assistance \_\_\_\_\_  Veteran’s Benefits \_\_\_\_\_

Social Security \_\_\_\_\_  Worker’s Comp \_\_\_\_\_

Unemployment \_\_\_\_\_

**Additional Information about the Other Parent:**

Is/Was the other parent ever in jail or prison?  Yes or  No

If yes, when & where were they in jail/prison? \_\_\_\_\_

Does the other parent own any property?  Yes or  No

If yes, what is the address of the property?  
\_\_\_\_\_

Other Parent's Mother & Father's Names & Addresses (If deceased, please note that):

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Provide other Parent's Place of Birth: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Does the other parent visit the child(ren)?  Yes or  No How often? \_\_\_\_\_

Has the other parent ever lived with you?  Yes or  No When & where? \_\_\_\_\_

\_\_\_\_\_

Does the other parent receive mail at your present address?  Yes or  No

When and where did you last have contact with the other parent? \_\_\_\_\_

\_\_\_\_\_

Where did you meet the other parent? (be specific) \_\_\_\_\_

Has the other parent been married to or lived with someone other than you?  Yes or  No

If yes, with whom and when? \_\_\_\_\_

If the other parent has a child(ren) with someone **other than you**, please complete the following:

**Child's Name:**                      **City & State:**                      **Date of Birth:**                      **Other Parent of Child:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide any additional information which might be helpful in locating the other parent: \_\_\_\_\_

\_\_\_\_\_

**\*\*\* IF AVAILABLE, PLEASE PROVIDE A PHOTO OF THE OTHER PARENT \*\*\***

**INFORMATION REGARDING THE CHILD(REN) BORN TO YOU AND THE OTHER PARENT:**

**FIRST CHILD**

Child's Name: (First/Middle/Last): \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Child's Social Security #: \_\_\_\_\_

Has there ever been a paternity action regarding this child in another county or state?  Yes or  No

If yes, where was paternity action? \_\_\_\_\_

Were you married to any other person when this child was born?  Yes or  No

If yes, to whom were you married? \_\_\_\_\_

Have you ever been to court regarding this child?  Yes or  No

If yes, where & when were you in court? \_\_\_\_\_

Did anyone sign as the father of this child on the birth certificate or paternity affidavit?  Yes or  No

If yes, who signed? \_\_\_\_\_

State that the child was conceived in? \_\_\_\_\_ State child was born in? \_\_\_\_\_

Did you have sexual intercourse with anyone else one month before or one month after the date of conception?  Yes or  No. If yes, name of the person: \_\_\_\_\_

**SECOND CHILD**

Child's Name: (First/Middle/Last): \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Child's Social Security #: \_\_\_\_\_

Has there ever been a paternity action regarding this child in another county or state?  Yes or  No

If yes, where was paternity action? \_\_\_\_\_

Were you married to any other person when this child was born?  Yes or  No

If yes, to whom were you married? \_\_\_\_\_

Have you ever been to court regarding this child?  Yes or  No

If yes, where & when were you in court? \_\_\_\_\_

Did anyone sign as the father of this child on the birth certificate or paternity affidavit?  Yes or  No



If yes, who signed? \_\_\_\_\_

State that the child was conceived in? \_\_\_\_\_ State child was born in? \_\_\_\_\_

Did you have sexual intercourse with anyone else one month before or one month after the date of conception?  Yes or  No. If yes, name of the person: \_\_\_\_\_

**THIRD CHILD**

Child's Name: (First/Middle/Last): \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Child's Social Security #: \_\_\_\_\_

Has there ever been a paternity action regarding this child in another county or state?  Yes or  No

If yes, where was paternity action? \_\_\_\_\_

Were you married to any other person when this child was born?  Yes or  No

If yes, to whom were you married? \_\_\_\_\_

Have you ever been to court regarding this child?  Yes or  No

If yes, where & when were you in court? \_\_\_\_\_

Did anyone sign as the father of this child on the birth certificate or paternity affidavit?  Yes or  No

If yes, who signed? \_\_\_\_\_

State that the child was conceived in? \_\_\_\_\_ State child was born in? \_\_\_\_\_

Did you have sexual intercourse with anyone else one month before or one month after the date of conception?  Yes or  No. If yes, name of the person: \_\_\_\_\_

**FOURTH CHILD**

Child's Name: (First/Middle/Last): \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Child's Social Security #: \_\_\_\_\_

Has there ever been a paternity action regarding this child in another county or state?  Yes or  No

If yes, where was paternity action? \_\_\_\_\_

Were you married to any other person when this child was born?  Yes or  No

If yes, to whom were you married? \_\_\_\_\_

Have you ever been to court regarding this child?  Yes or  No

If yes, where & when were you in court? \_\_\_\_\_

Did anyone sign as the father of this child on the birth certificate or paternity affidavit?  Yes or  No

If yes, who signed? \_\_\_\_\_

State that the child was conceived in? \_\_\_\_\_ State child was born in? \_\_\_\_\_

Did you have sexual intercourse with anyone else one month before or one month after the date of conception?  Yes or  No. If yes, name of the person: \_\_\_\_\_

.....  
**PLEASE PROVIDE A COPY OF THE BIRTH CERTIFICATE FOR EACH CHILD. COPIES OF BIRTH CERTIFICATES ARE REQUIRED BEFORE WE CAN PROCEED.**

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\*\*\*\*\*PLEASE COMPLETE THE SECTION BELOW\*\*\*\*\*

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 and/or support action may be filed against the person I stated to be the other parent (if necessary) 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 providing information, appearing at any court hearings or scheduled appointments. I understand that if I fail to cooperate with the CSEA, the Staff Attorney or Hearing Officers will have no choice but to dismiss my case. If I am on Cash Assistance, I understand that failing to cooperate with he 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 the person completing the form (if not the applicant):

\_\_\_\_\_

