

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 _____	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

	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:			

Employer Phone #:		
Medical Insurance Provided?		
Support Order #:		
Date of Support Order:		
Amount of Support:	\$	\$
Order Frequency:	Per	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 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: _____

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 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.

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

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

Additional Screening Questions:

Have you ever been a victim of domestic violence? ☐ Yes or ☐ No

Have the child(ren) that you are completing this application for ever been a victim of domestic violence?
☐ Yes or ☐ No

If you or the child(ren) were victims of domestic violence, was the domestic violence committed by the other parent? ☐ Yes or ☐ No

If you or the child(ren) have been victims of domestic violence at the hands of the child(ren)'s other parent, are you still residing in the same household with that other parent? ☐ Yes or ☐ No

If you checked yes to one of the boxes above, we MAY need to contact you to request some additional information.

Check the boxes below that you feel would be a safe way for our agency to contact you for additional screening questions. You may check more than one box. If you don't feel like it would be safe for us to contact you, please check the NO CONTACT box and provide additional information as requested. This only apply to cases where domestic violence or family violence were indicated in the Additional Screening Questions listed above.

☐ Telephone: (call would be made to you at phone number provided on page 1)

☐ Mail: (letter would be sent to address provided on page 1)

☐ Email: (email would be sent to the email address provided on page 1)

☐ NO CONTACT: Contacting me with additional domestic violence screening questions could put me or the child(ren) I am applying for services for in immediate danger. If you check this box, please provide some additional information as to why this would put you or your child(ren) in immediate danger.

ARE THERE ANY CIVIL PROTECTION ORDERS REGARDING YOU OR THE CHILD(REN)? ☐ Yes or ☐ No

*** (PLEASE PROVIDE A COPY OF CIVIL 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: _____

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.**

*******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 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 the person completing the form (if not the applicant):
