HANCOCK COUNTY CSEA 7814 COUNTY ROAD 140, P.O. BOX 1465 FINDLAY, OHIO 45839 PHONE: 419-424-1365

APPLICATION AND OUESTIONNAIRE FOR CHILD SUPPORT SERVICES

The Child Support program aims to provide services to help families by promoting family self-sufficiency and child well-being. Services are available to either parent when one parent is living outside the home. Services are also available to caretakers of children. Services are available automatically for families receiving assistance under the Ohio Works First (OWF) program.

The child support enforcement agency (CSEA) can assist you with the following services:

1. Establishment of Paternity - Legally Identifying a Child's Father

The CSEA can assist in establishing paternity (legal fatherhood) if there has not been a final and enforceable determination of paternity for the child.

Establishment or Adjustment of Child Support and Medical Support Orders

The CSEA can assist in obtaining an order for child support and medical support. A support order establishes how much a parent should pay for child support. It also allocates the costs of providing for the health care of the child between the parents. The CSEA can assist in modifying a support order (review and adjustment) every 36 months or sooner if there is a qualifying change in circumstances.

Enforcement of Support Orders

The CSEA can assist in collecting and disbursing current and past due support, as well as enforcing medical support orders. The parent ordered to pay support (obligor), will be required to pay child support by income withholding. The CSEA will issue income withholding orders to collect support from the parent's wages and/or unearned income. Overdue support may also be collected from Federal or state income tax refunds and liens placed on property. In addition, when past-due support is owed, the following may occur:

- Unpaid child support may be reported automatically to credit reporting bureaus
- Driver's, professional, occupational and recreational licenses may be suspended if the obligated parent is not paying the required support
- The U.S. State Department will deny a passport to a parent who owes more than \$2,500 in back child support
- Funds may be seized from accounts in financial institutions
- Court actions, such as contempt, and possibly criminal actions may be taken against chronic delinquent parents

Location of Parents

The CSEA can use available information to locate parents and their income and assets to enforce or establish an order of support

Child Support Services Requested: ☐ All child support services available	☐ Location of non-residential parent	Other (please explain):	
	PLEASE READ BEFO	RE SIGNING	
	RIGHTS AND RESPO	NSIBILITIES	

Confidentiality of Case Material

You have the right to see the parts of your file at the CSEA about you and the actions 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 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 an action, lack of action or delay by the CSEA, you may request a state hearing.

OWF Participants

As a condition of eligibility to receive Ohio Works First (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 the CSEA), you may be ineligible to receive OWF

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 OWF 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 provider of medical services that you have medical insurance coverage and Medicaid coverage for 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 that assignment.

There is an application fee of one dollar for applicants not receiving OWF or IV-E foster care benefits. Some counties waive this fee for the applicants.

Child Support Overpayments

An overpayment is child support that you are not entitled to keep because you have assigned your rights to support to ODJFS, the payment was made to you instead of ODJFS, or the payment was sent to you in error by ODJFS. You may be personally liable for returning any amounts paid in error, including amounts that must be returned because the IRS or ODT accepts an amended tax return or complaint from the non-obligated spouse. In tax refund situations you may be required to sign an affidavit attesting to the amount of support arrears.

The child support agency has provided sufficient information regarding the services available and my responsibilities.

I declare that I have examined this application and, to the best of my knowledge and belief, it is a true and correct statement of every material point.

I understand that the CSEA, its staff, and any of its contracted agencies, represent only the county and the State of Ohio, and do not represent me, either parent, the child(ren), or other custodian of the children.

I understand that within 20 days of receiving this completed and signed application and questionnaire, the CSEA will send a written notice informing me whether my application for Title IV-D child support services has been accepted.

Signature of Applicant:	Date:	
Signature of Parent/Guardian if Applicant Is a Minor :	Print Name:	Date:
Ohio Child Support Website	e and Customer Service Portal available at w	ww.ifs.ohio.gov/ocs

If you are receiving a type of public assistance that requires cooperation with Child Support, you are required to complete and sign this questionnaire and to cooperate with the CSEA in establishing paternity or in establishing, modifying, or enforcing a support order. Unless the CSEA approves a good cause waiver of cooperation, failure to cooperate could result in delay, denial, and/or termination of your public assistance benefits.

INSTRUCTIONS

PLEASE COMPLETE EACH APPLICABLE FIELD CLEARLY, PROVIDING THE MOST INFORMATION YOU CAN, INCLUDING ANY PARTIAL INFORMATION. PLEASE SUPPLY COPIES OF ALL PERTINENT INFORMATION LISTED IN THE CHECKLIST ON THE LAST PAGE OF THE APPLICATION. SIGNATURES ARE REQUIRED ON PAGES 2 AND 6.

APPLICANT INFORMATION								
LAST NAME FIRST NAME			AME		MIDDLE			
MAIDEN OR OTHER SSN					DOB			
CURRENT MARITAL STATUS				NAME OF SPOUSE				
GENDER				OU NEED AN INTERPRETER? YES NO GUAGE OR OTHER SERVICE REQUESTED:				
RESIDENTIAL ADDRESS-STREET			СІТУ		STATE	ZIP		
MAILING ADDRESS-STREET			CITY		STATE	ZIP		
HOME PHONE				WORK PHONE				
CELL PHONE				OTHER PHONE				
Can you receive texts from the 0	CSEA? YES NO)						
EMAIL:								
EMPLOYER NAME AND ADDRESS				EMPLOYER PHONE				

SERVICES REQUESTED FOR THIS CHILD: PATERNITY SUPPORT ESTABLISHMENT ENFORCEMENT CHILD 1 *Please make copies as needed to provide information for additional children*								
LAST NAME	FIRST NAME	MIDDLE		CITY & STATE OF BIRTH				
SSN	DOB		E WAS THE CHILD EIVED (STATE)?	WHEN	WAS CHILD	CONCEIVED ((MO/YR)?	
APPLICANT'S RELATIONSHIP TO CHILD 1:	NOTHER FATHER	OTHER (Please spec			GENDER:	MALE	FEMALE	
IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? YES NO	IF YES, WHAT IS T	THE FATHER'S NAME (L	AST, FIRST)?					
WAS AN ACKNOWLEDGEMENT OF PATERNITY A			NAME OF FATHER TH	IAT SIGNED	THE AFFIDA	VIT (LAST, FIF	RST)?	
CHILD'S MOTHER'S NAME (LAST, FIRST)			CHILD'S FATHER/ALL	EGED FATH	ER'S NAME (LAST, FIRST)		
COULD THERE BE MORE THAN ONE POSSIBLE ALLEGED FATHER? YES NO (Sex with anyone 2 months before or 2 months after becoming pregnant) If yes, please list the names here and complete an Other Parent Information Sheet for each named father.								
WAS THE MOTHER EVER MARRIED? YES HUSBAND'S NAME:	NO WAS THE MOT	THER MARRIED WHEN	THE CHILD WAS BORN? CITY, STATE:	YES	□ NO DIVORCE DA	TE:		
HUSBAND'S NAME:	DATE OF MARRIAGE:		CITY, STATE:		DIVORCE DA	TE:		
IS THERE AN ORDER DETERMINING PATERNITY VES NO	FOR THIS CHILD?	WHEN WAS THE ORI	DER FILED?	IN WHICH	COUNTY, ST	TATE?		
IS THERE A CHILD SUPPORT ORDER FOR THIS CH	łILD?	WHEN WAS THE ORI	DER FILED?	IN WHICH COUNTY, STATE?				
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GI	JARDIANSHIP OF THIS	WHEN WAS THE ORDER FILED? IN WHICH COUNTY, STATE?						
IS THERE ANY PENDING LEGAL ACTION INVOLVI	MOST RECENT FILE DATE? IN WHICH COUNTY, STATE?							
YES NO								
CHILD 2 SERVICES REQUESTED FOR	THIS CHILD :	PATERNITY	SUPPORT ESTABLIS	HMENT	ENF	ORCEMENT	г	
	THIS CHILD :	PATERNITY _	SUPPORT ESTABLIS	HMENT	☐ ENF		TE OF BIRTH	
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INFORMATION ABOUT THE OTHER PARENT THIS OTHER PARENT IS THE MOTHER FATHER/ALLEGED FATHER OF (LIST CHILD(REN)) OTHER PARENT REFERS TO THE NON-APPLICANT PARENT OF THE CHILD(REN) OR IN THE CASE OF A CARETAKER APPLICANT, IT REFERS TO BOTH THE MOTHER AND FATHER OF THE CHILD(REN) AND AN INFORMATION SHEET FOR EACH PARENT IS NEEDED. *IF THERE ARE MORE THAN 2 OTHER PARENTS, PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR EACH ADDITIONAL OTHER PARENT.*													
IS THERE A HISTORY OF DOMESTIC VIOLENCE WITH THIS OTHER PARENT? YES NO IF YES, PROVIDE AVAILABLE DOCUMENTATION OR A STATEMENT EXPLAINING THE SITUATION.													
APPLICANT'S RELA									SEPARATED	☐ DIVORC	ED 🗌	OTHER (note below)	
LAST NAME			MIDDLE		MAIDEN OR C	THER							
SSN			DOB,	'AGE (APPX)		PLACE OF E	BIRTH (CIT	Y & STATE)	hu				
GENDER	RACE								ER PARENT NEE		_	YES NO	
MAILING ADDRESS	S-STREET			-(11111111	С	ITY				STATE	ZIP		
RESIDENTIAL OR O	THER ADDRE	ESS-STREET	Ī		C	ITY)—(jee	STATE	ZIP	W	
MARITAL STATUS & SPOUSE'S NAME IF THIS OTHER PARENT IS MARRIED				N	AMES OF PEC	OPLE LIVIN	IG IN THIS PA	ARENT'S HOME	/ NAMES OF O	THER CHII	LDREN		
HOME PHONE WORK PHONE CEL				CELL P	HONE				OTHE	R PHONE			
HAS BANK ACCOUNT AT? EMAIL ADDRES					ORESS	55							
EYE COLOR	HAIR COLO	R HEI	GHT (FT, IN)		W	EIGHT	ОТН	ER IDENTIFY	ING MARKS/FE	ATURES			
HAS OTHER PAREN	IT EVER LIVE	D IN OHIO	? YES	□NO	HAS O	THER PAREN	T EVER LI	VED WITH TH	HE CHILD?	YES NO			
HAS OTHER PAREN	IT EVER RECE	IVED:	SOCIAL SEC	<u>-</u>		MPLOYMENT RAN'S BENEF	ITS _	WORKER'S	COMPENSATIO	DN .			
MILITARY SERVICE	YES	Пис)	IS THE O	THER PA	ARENT A VETE	RAN?	YES	□ NO				
BRANCH						DATES: FROM TO GRADE LEVEL & DEGREE :							
IS OTHER PARENT	A STUDENT	YES	∐ NO II	YES, WHERE				GRADE 1	LEVEL & DEGRE				
ARREST/PRISON RE	CORD	YES	□ NO II	YES, WHERE			IMPRISONED DATE: RELEASE DATE:						
LIST ANY PROFESSI	ONAL OR RE	CREATION	AL LICENSES										
CAR MODEL/MAKE	YEAR												
NAME OF OTHER P	ARENT'S FAT	THER				NAME OF OTHER PARENT'S MOTHER							
HIS ADDRESS						HER ADDRESS							
FATHER'S PHONE						MOTHER'S PHONE							
	10000000			INFORMAT	ION A	BOUT OTHE	R PAREN	IT'S EMPLO	YMENT			- r - 11 - 11 - 11 - 11 - 11 - 11 - 11	
CURRENT EMPLOY	ER		ADD	RESS-STREET				CITY		STATE		ZIP	
IF UNEMPLOYED, N	IAME LAST E	MPLOYER	ADD	RESS-STREET		CITY		CITY		STATE		ZIP	
OCCUPATION						UNION	NAME		l	OCAL NO.	CAL NO.		
ADDITIONAL INFORMATION THAT COULD ASSIST IN LOCATION OF PARENT, INCOME AND ASSETS. INCLUDE NAMES AND CONTACT INFORMATION OF OTHER FAMILY MEMBERS AND FRIENDS. LIST TYPES AND LOCATION OF ANY PROPERTY OR ASSETS OWNED BY OTHER PARENT.													

INFORMATION ABOUT THE OTHER PARENT THIS OTHER PARENT IS THE MOTHER FATHER/ALLEGED FATHER OF OTHER PARENT REFERS TO THE NON-APPLICANT PARENT OF THE CHILD(REN) OR IN THE CASE OF A CARETAKER APPLICANT, IT REFERS TO BOTH THE MOTHER AND FATHER OF THE CHILD(REN) AND AN INFORMATION SHEET FOR EACH PARENT IS NEEDED. *IF THERE ARE MORE THAN 2 OTHER PARENTS, PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR EACH ADDITIONAL OTHER PARENT.*									
IS THERE A HISTORY OF DOMESTIC VIOLENCE WITH THIS OTHER PARENT? YES NO IF YES, PROVIDE AVAILABLE DOCUMENTATION OR A STATEMENT EXPLAINING THE SITUATION. APPLICANT'S RELATIONSHIP TO THIS OTHER PARENT: NEVER MARRIED MARRIED LEGALLY SEPARATED DIVORCED OTHER (note below)									
LAST NAME		FIRST		MII	DDLE		MAIDEN OR OTHER		
SSN		DOB/AGE(APPX)	PLA	ACE OF BIRTH	I (CIT	Y & STATE)			
GENDER	RACE						R PARENT NEED AN I OR OTHER SERVICE N		R? YES NO
MAILING ADDRESS-STI	REET		CITY					STATE	ZIP
RESIDENTIAL OR OTHE	R ADDRESS-STREET		CITY					STATE	ZIP
MARITAL STATUS & SPOUSE'S NAME IF THIS OTHER PARENT IS MARRIED			NAMES	OF PEOPLE	LIVIN	G IN THIS PA	RENT'S HOME/NAME	S OF OTHE	R CHILDREN
HOME PHONE	WORK PHONE	CEL	L PHONE					OTHER PI	HONE
HAS BANK ACCOUNT A	NT?	EMAIL ADDRES	S						
EYE COLOR HA	IR COLOR HEIGHT (FT, IN)	WEIGHT OTHER IDENTIFYING MARKS/FEATURES						
HAS OTHER PARENT E	VER LIVED IN OH?	ES NO H	IAS OTH	ER PARENT E	VER I	IVED WITH	THE CHILD?	□ио	
HAS OTHER PARENT EV	VER RECEIVED: SOC		NEMPLO'				COMPENSATION		
				S BENEFITS	_	OTHER	F-1 NO		
MILITARY SERVICE:	YES NO	IS THE OTHER	RPARENT	r a veteran	7	YES	NO NO	TO	
BRANCH		STATION	DATES: FROM TO GRADE LEVEL & DEGREE :						
IS OTHER PARENT A ST	UDENT YES N	O IF YES, WHERE				GRADE L			
ARREST/PRISON RECO	RD YES N	O IF YES, WHERE	IMPRISONED DATE: RELEASE DATE:						
LIST ANY PROFESSION	AL OR RECREATIONAL LIC	ENSES:							
CAR MODEL/MAKE/YE	AR								
NAME OF OTHER PARE	NT'S FATHER		NAME OF OTHER PARENT'S MOTHER						
HIS ADDRESS			HER ADDRESS						
FATHER'S PHONE		- mandana	MOTHER'S PHONE						
10-11-11-11-11-11-11-11-11-11-11-11-11-1		INFORMATION	ABOUT	OTHER PA	REN		YMENI	CTATE	ZIP
CURRENT EMPLOYER		ADDRESS-STREET				CITY		STATE	
IF UNEMPLOYED, NAM	IE LAST EMPLOYER	ADDRESS-STREET				CITY		STATE	ZIP
OCCUPATION			UNION NAME LOCA		LOCAL				
ADDITIONAL INFORMA MEMBERS AND FRIEND	TION THAT COULD ASSIS DS. LIST TYPES AND LOCA	IT IN LOCATION OF PARE ATION OF ANY PROPERTY	NT, INCO	OME AND AS ETS OWNED	SETS. BY O	INCLUDE N THER PAREN	AMES AND CONTACT	INFORMAT	ION OF OTHER FAMILY

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1	Please provide any additional i	nformation here.						
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	Type of Order	County	State	NFORMATION (I File Date	Support Amou		For Child(ren)	
4	DIVORCE(S)/DISSOLUTION(S)				\$	/MO		
	(LIST ALL)							
	OTHER (LIST TYPES, INCLUDING				\$	/MO		_
	CPO, CUSTODY, ETC)				,	,		
1								
	THE PERSON OF THE COURT OF THE	TOO FOR THE CHILD (DEA)	NAMED					
1	THERE ARE NO COURT ORDE	RS FOR THE CHILD(REN)	NAMED :					
Ì	I RECEIVE VOLUNTARY PAYM	IENTS FOR THE CHILD(R	EN) NAME	ED:				
ŀ	AMOUNT \$ FREC	QUENCY	DATE LA	AST SUPPORT RECEIVED			AMOUNT RECEIVED	
							\$	
	ARE THERE ANY PENDING COURT YES NO IF	ACTIONS INVOLVING AN YES, NOTE ACTION BELOV	Y OF THE	OTHER PARENTS OR CH	ILDREN?			
1	LJ YES LJ NO IF	res, NOTE ACTION BELO	/V					
t								
			SIGNA	TURE AND DOC	UMENTATION			
Ī	SIGNATURE OF APPLICANT			PRINT NAME OF A	PPLICANT		DATE	
1	SIGNATURE OF PARENT/GU	IADDIAN TE ADDITO	ANT	PRINT NAME OF P	ADENT/CHAPPI	ΔN	DATE	_
l	IS A MINOR	JARDIAN IF APPLIC	ANI	PRIMI NAME OF P	ARENI/GUARDI	414	DAIL	
	-							
-		CHI	CKITO	T OF INFORMA	TION TO SUR	MIT		
1	- Copy of Social Secur	ity Card for Each Child			- Copy of Out of Sta	ate Support Paymer	nt Records	
	 Copies of all Court Or 	rders including Civil Pro			Copy of Medical Ir	surance Cards		
	 Copy of Marriage Cer Copy of birth certification 	tificate(s)						
	- Copy of birth certifica	ite ioi each child						
L.								

ADDITIONAL INFORMATION

Ohio Child Support Website and Customer Service Portal available at www.jfs.ohio.gov/ocs

Revised May 2015