

## APPLICATION FOR CHILD SUPPORT SERVICES NON-PUBLIC ASSISTANCE APPLICANT

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

I the undersigned, \_\_\_\_\_ request Child Support Services from the \_\_\_\_\_ 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.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. *(See attached rights and responsibility information).*

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 or 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 orders (*modification*), and to establish a medical support order.

**3. Enforcement of Existing Orders.**

The CSEA can help you collect current and back child support.

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

The agency can assist in collecting back support (*arrearages*) by intercepting a non-payor's federal and state income tax refunds on 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 back 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. Back support collected will be paid to you until all of the back support you are owed is paid.

If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.

**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.

C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

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.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

**Type(s) of Service(s) Requested:** All services listed XXXX 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
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**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		MIDDLE	
MAIDEN OR OTHER		SSN		DOB	
CURRENT MARITAL STATUS			NAME OF SPOUSE		
GENDER	RACE	DO YOU NEED AN INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE OR OTHER SERVICE REQUESTED:			
RESIDENTIAL ADDRESS-STREET		CITY	STATE	ZIP	
MAILING ADDRESS-STREET		CITY	STATE	ZIP	
HOME PHONE			WORK PHONE		
CELL PHONE Can you receive texts from the CSEA? <input type="checkbox"/> YES <input type="checkbox"/> NO			OTHER PHONE		
EMAIL:					
EMPLOYER NAME AND ADDRESS			EMPLOYER PHONE		

**CHILD 1 SERVICES REQUESTED FOR THIS CHILD :**     PATERNITY     SUPPORT ESTABLISHMENT     ENFORCEMENT  
**\*PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR ADDITIONAL CHILDREN\***

LAST NAME		FIRST NAME		MIDDLE	CITY & STATE OF BIRTH
SSN		DOB	WHERE WAS THE CHILD CONCEIVED (STATE)?	WHEN WAS CHILD CONCEIVED (MO/YR)?	
APPLICANT'S RELATIONSHIP TO CHILD 1: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (Please specify)				GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS THE FATHER'S NAME (LAST, FIRST)?			
WAS AN ACKNOWLEDGEMENT OF PATERNITY AFFIDAVIT SIGNED? <input type="checkbox"/> YES, <input type="checkbox"/> NO    IF YES, WHERE AND WHEN:			NAME OF FATHER THAT SIGNED THE AFFIDAVIT (LAST, FIRST)?		
CHILD'S MOTHER'S NAME (LAST, FIRST)			CHILD'S FATHER/ALLEGED FATHER'S NAME (LAST, FIRST)		
COULD THERE BE MORE THAN ONE POSSIBLE ALLEGED FATHER? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS THE MOTHER MARRIED WHEN THE CHILD WAS BORN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HUSBAND'S NAME:		DATE OF MARRIAGE:		CITY, STATE:	
HUSBAND'S NAME:		DATE OF MARRIAGE:		CITY, STATE:	
IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?	
IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?	
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GUARDIANSHIP OF THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?	
IS THERE ANY PENDING LEGAL ACTION INVOLVING THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		MOST RECENT FILE DATE?		IN WHICH COUNTY, STATE?	

**CHILD 2 SERVICES REQUESTED FOR THIS CHILD :**     PATERNITY     SUPPORT ESTABLISHMENT     ENFORCEMENT

LAST NAME		FIRST NAME		MIDDLE	CITY & STATE OF BIRTH
SSN		DOB	WHERE WAS THE CHILD CONCEIVED (STATE)?	WHEN WAS CHILD CONCEIVED (MO/YR)?	
APPLICANT'S RELATIONSHIP TO CHILD 2: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (Please specify)				GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS THE FATHER'S NAME (LAST, FIRST)?			
WAS AN ACKNOWLEDGEMENT OF PATERNITY AFFIDAVIT SIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, WHERE AND WHEN:			NAME OF FATHER THAT SIGNED THE AFFIDAVIT (LAST, FIRST)?		
CHILD'S MOTHER'S NAME (LAST, FIRST)			CHILD'S FATHER/ALLEGED FATHER'S NAME (LAST, FIRST)		
COULD THERE BE MORE THAN ONE POSSIBLE ALLEGED FATHER? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list the names here and complete an Other Parent Information Sheet for each named father.					
WAS THE MOTHER EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS THE MOTHER MARRIED WHEN THE CHILD WAS BORN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HUSBAND'S NAME:		DATE OF MARRIAGE:		CITY, STATE:	
HUSBAND'S NAME:		DATE OF MARRIAGE:		CITY, STATE:	
IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?	
IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?	
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GUARDIANSHIP OF THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?	
IS THERE ANY PENDING LEGAL ACTION INVOLVING THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		MOST RECENT FILE DATE?		IN WHICH COUNTY, STATE?	

**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 RELATIONSHIP TO THIS OTHER PARENT:  NEVER MARRIED  MARRIED  LEGALLY SEPARATED  DIVORCED  OTHER (note below)

LAST NAME	FIRST	MIDDLE	MAIDEN OR OTHER
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SSN	DOB/AGE (APPX)	PLACE OF BIRTH (CITY & STATE)
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GENDER	RACE	DOES OTHER PARENT NEED AN INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE OR OTHER SERVICE NEEDED:
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MAILING ADDRESS-STREET	CITY	STATE	ZIP
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RESIDENTIAL OR OTHER ADDRESS-STREET	CITY	STATE	ZIP
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MARITAL STATUS & SPOUSE'S NAME IF THIS OTHER PARENT IS MARRIED	NAMES OF PEOPLE LIVING IN THIS PARENT'S HOME/ NAMES OF OTHER CHILDREN
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HOME PHONE	WORK PHONE	CELL PHONE	OTHER PHONE
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HAS BANK ACCOUNT AT?	EMAIL ADDRESS
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EYE COLOR	HAIR COLOR	HEIGHT (FT, IN)	WEIGHT	OTHER IDENTIFYING MARKS/FEATURES
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HAS OTHER PARENT EVER LIVED IN OHIO?  YES  NO      HAS OTHER PARENT EVER LIVED WITH THE CHILD?  YES  NO

HAS OTHER PARENT EVER RECEIVED:  SOCIAL SECURITY     UNEMPLOYMENT     WORKER'S COMPENSATION  
 PUBLIC ASSISTANCE     VETERAN'S BENEFITS     OTHER \_\_\_\_\_

MILITARY SERVICE:  YES  NO      IS THE OTHER PARENT A VETERAN?  YES  NO  
 BRANCH \_\_\_\_\_ STATION \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

IS OTHER PARENT A STUDENT  YES  NO      IF YES, WHERE \_\_\_\_\_ GRADE LEVEL & DEGREE : \_\_\_\_\_

ARREST/PRISON RECORD  YES  NO      IF YES, WHERE \_\_\_\_\_ IMPRISONED DATE: \_\_\_\_\_ RELEASE DATE: \_\_\_\_\_

LIST ANY PROFESSIONAL OR RECREATIONAL LICENSES:

CAR MODEL/MAKE/YEAR \_\_\_\_\_

NAME OF OTHER PARENT'S FATHER	NAME OF OTHER PARENT'S MOTHER
HIS ADDRESS	HER ADDRESS
FATHER'S PHONE	MOTHER'S PHONE

**INFORMATION ABOUT OTHER PARENT'S EMPLOYMENT**

CURRENT EMPLOYER	ADDRESS-STREET	CITY	STATE	ZIP
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IF UNEMPLOYED, NAME LAST EMPLOYER	ADDRESS-STREET	CITY	STATE	ZIP
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OCCUPATION	UNION NAME	LOCAL NO.
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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 \_\_\_\_\_ (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 RELATIONSHIP TO THIS OTHER PARENT:  NEVER MARRIED  MARRIED  LEGALLY SEPARATED  DIVORCED  OTHER (note below)

LAST NAME	FIRST	MIDDLE	MAIDEN OR OTHER
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SSN	DOB/AGE(APPX)	PLACE OF BIRTH (CITY & STATE)
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GENDER	RACE	DOES OTHER PARENT NEED AN INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE OR OTHER SERVICE NEEDED:
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MAILING ADDRESS-STREET	CITY	STATE	ZIP
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RESIDENTIAL OR OTHER ADDRESS-STREET	CITY	STATE	ZIP
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MARITAL STATUS & SPOUSE'S NAME IF THIS OTHER PARENT IS MARRIED	NAMES OF PEOPLE LIVING IN THIS PARENT'S HOME/NAMES OF OTHER CHILDREN
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HOME PHONE	WORK PHONE	CELL PHONE	OTHER PHONE
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HAS BANK ACCOUNT AT?	EMAIL ADDRESS
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EYE COLOR	HAIR COLOR	HEIGHT (FT, IN)	WEIGHT	OTHER IDENTIFYING MARKS/FEATURES
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HAS OTHER PARENT EVER LIVED IN OH?  YES  NO      HAS OTHER PARENT EVER LIVED WITH THE CHILD?  YES  NO

HAS OTHER PARENT EVER RECEIVED:  SOCIAL SECURITY     UNEMPLOYMENT     WORKER'S COMPENSATION  
 PUBLIC ASSISTANCE     VETERAN'S BENEFITS     OTHER \_\_\_\_\_

MILITARY SERVICE:  YES  NO      IS THE OTHER PARENT A VETERAN?  YES  NO  
 BRANCH \_\_\_\_\_ STATION \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

IS OTHER PARENT A STUDENT  YES  NO    IF YES, WHERE \_\_\_\_\_ GRADE LEVEL & DEGREE : \_\_\_\_\_

ARREST/PRISON RECORD  YES  NO    IF YES, WHERE \_\_\_\_\_ IMPRISONED DATE: \_\_\_\_\_ RELEASE DATE: \_\_\_\_\_

LIST ANY PROFESSIONAL OR RECREATIONAL LICENSES:

CAR MODEL/MAKE/YEAR \_\_\_\_\_

NAME OF OTHER PARENT'S FATHER	NAME OF OTHER PARENT'S MOTHER
HIS ADDRESS	HER ADDRESS
FATHER'S PHONE	MOTHER'S PHONE

#### INFORMATION ABOUT OTHER PARENT'S EMPLOYMENT

CURRENT EMPLOYER	ADDRESS-STREET	CITY	STATE	ZIP
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IF UNEMPLOYED, NAME LAST EMPLOYER	ADDRESS-STREET	CITY	STATE	ZIP
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OCCUPATION	UNION NAME	LOCAL NO.
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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.

**ADDITIONAL INFORMATION**

Please provide any additional information here.

**COURT ORDER INFORMATION (FILL IN ALL THAT APPLY)**

Type of Order	County	State	File Date	Support Amount per month	For Child(ren)
DIVORCE(S)/DISSOLUTION(S) (LIST ALL)				\$ /MO	
OTHER (LIST TYPES, INCLUDING CPO, CUSTODY, ETC)				\$ /MO	

THERE ARE NO COURT ORDERS FOR THE CHILD(REN) NAMED :

I RECEIVE VOLUNTARY PAYMENTS FOR THE CHILD(REN) NAMED:

AMOUNT \$	FREQUENCY	DATE LAST SUPPORT RECEIVED	AMOUNT RECEIVED \$

ARE THERE ANY PENDING COURT ACTIONS INVOLVING ANY OF THE OTHER PARENTS OR CHILDREN?

YES     NO    IF YES, NOTE ACTION BELOW

**SIGNATURE AND DOCUMENTATION**

<b>SIGNATURE OF APPLICANT</b>	<b>PRINT NAME OF APPLICANT</b>	<b>DATE</b>
<b>SIGNATURE OF PARENT/GUARDIAN IF APPLICANT IS A MINOR</b>	<b>PRINT NAME OF PARENT/GUARDIAN</b>	<b>DATE</b>

**CHECKLIST OF INFORMATION TO SUBMIT**

- Copy of Social Security Card for Each Child
- Copies of all Court Orders including Civil Protection Orders
- Copy of Marriage Certificate(s)
- Copy of birth certificate for each child, if child was born outside of the State of Ohio
- Copy of Out of State Support Payment Records
- Copy of Medical Insurance Cards

**Ohio Child Support Website and Customer Service Portal available at [www.jfs.ohio.gov/ocs](http://www.jfs.ohio.gov/ocs)**