



SHERRI BEVAN WALSH

Prosecuting Attorney

County of Summit
CHILD SUPPORT ENFORCEMENT AGENCY
175 South Main Street. Akron, OH 44308
(330) 643-2765 .1-800- 726-2765 .Fax (330) 643-2745

ATTORNEY CLIENT AFFIDAVIT

SETS Account Number: _____

Absent Parent: _____

Custodial Parent/Caretaker: _____

I, _____, hereby certify that I am represented by _____
Name or requesting party Attorney Name

Attorney Address: _____
Street City State Zip

Attorney Phone Number: ____ - ____ - ____

in the matters dealing with my support case. I hereby authorize the Child Support Enforcement Agency to release to the above attorney any information about me that is necessary to work on my support case. I understand that this does not include information in the case file about the other party in this case that may still be held confidential due to Federal and State laws.

This affidavit MUST be completed by the client and may be rescinded at any time by notifying this agency in writing.

Signature of Requesting Party

Signature of Witness

Address

Date Signed

Social Security Number

Pursuant to ORC 1347.08, Information maintained by the Child Support Enforcement Agency, of which a person is a subject, may be inspected by an authorized person. "Authorized person" means the subject, the subject's legal guardian, the subject's attorney of record in a currently pending matter or any other person who has written permission by the subject or subject's legal guardian.

