

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

ODHS 7076 (Rev. 11/92)

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 application 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 (arrearage 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.
 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 (<i>Check One</i>) <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/> Separated <input checked="" type="checkbox"/> Deserted <input checked="" type="checkbox"/> Widowed

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
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Applicants Name (<i>Last, First, Middle</i>)	Telephone Number (Home)
Address (<i>Street/Route, P.O. Box</i>)	(Work)
City, State, and Zip Code	

INFORMATION ON CHILDREN

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established				
g. Is there an order for support?				

ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address City, State, Zip			
SSN			
Date of Birth (DOB)			
Name of Employer			
Address of Employer City, State, Zip code			
Amount of Support Ordered (Wk. B-wk, Mo.)			
Case Number on Support Order			
Date of Support Order			
Military Service Give Date and Branch Entered			
Arrest Record: Date & Place of arrest			
Name and Address of AP current spouse of Absent Parent			

* Have you ever been on public assistance?

Yes No

When _____
Date

Where _____
City and State

_____ County

(Do Not write in This Space) FOR AGENCY USE ONLY		
Case Name	Date Requested	Date Mailed or Provided
Case Number	Date Returned or File Date	

INFORMATION SHEET

DATE: _____

Custodial Parent/Obligee Name: _____

Relationship to children: _____ (Mother, Father, Aunt, etc.)

Address: _____ How long?: _____

City & State: _____ County: _____ Zip Code: _____

Telephone #: _____ Date of Birth: _____ SS#: _____ Place of

Employment: _____ Employer Address: _____

_____ Employer Telephone #: _____

Employer City & State: _____ Zip Code: _____

Receiving any benefits?: ADC _____ GR _____ ADC-U _____ UNEMPL _____ OTHER _____

CHILDREN'S NAMES

DATES OF BIRTH

SS #

Non-Custodial Parent/Obligor Name: _____

Relationship to children: _____ (Mother, Father, Aunt, etc.)

Address: _____ How long?: _____

City & State: _____ County: _____ Zip Code: _____

Telephone #: _____ Date of Birth: _____ SS#: _____ Place of

Employment: _____ Employer Address: _____

_____ Employer Telephone #: _____

Employer City & State: _____ Zip Code: _____

Receiving any benefits?: ADC _____ GR _____ ADC-U _____ UNEMPL _____ OTHER _____

How much is the support order?: _____

Distinguishing marks, scars, tatoos, mustache, glasses, beard _____

_____ Race: _____

Date married: _____ Place married: _____

Date divorced: _____ Place divorced: _____

Is family health insurance available through:

A. Obligor's Employer _____ B. Obligee's Employer _____

C. Another group or organization _____ D. Or not available at all _____

If available, give name, address and phone number of insurance company

Are children currently covered with health insurance Yes _____ No _____