

Clermont County CSEA
2400 Clermont Center Dr., Suite 107
Batavia, OH 45103 (513)732-7248
1-800-571-0943

Name : _____
Address: _____

Date: _____
Case Number: _____

ADMINISTRATIVE ADJUSTMENT REVIEW NOTIFICATION

In accordance with the Ohio Revised Code section 3119.60, the Clermont County CSEA is conducting a review to determine if an adjustment to your current child support order is warranted.

Your review is scheduled for _____, it is not necessary for you to be present. A notice of the results will be forwarded to you by mail with further instructions. Please provide the following information in order to conduct the review:

1. A copy of your most recent income tax return.
2. Copies of all pay stubs obtained in the preceding six months or a verification letter of pay received from your employer.
3. Verification of all other salaries, wages, or compensation received within the preceding six months.
4. If the obligor is assigned to active duty in a branch of the United States Military, a copy of the most Recent Leave and Earnings Statement (LES).
5. The attached income affidavit/questionnaire.
6. Other information relevant to properly review the child support order.

If your child support order is a court issued order, willful failure to comply, by not thoroughly completing the attached and providing proof of specific documentation, is contempt of court and may result in the agency making reasonable assumptions regarding your income. The agency may also issue a subpoena to your employer to produce evidence regarding your income and medical benefits.

If your child support order is a CSEA issued order and you fail to comply with this request for information, the Agency may bring an action under section 3119.72 of the Ohio Revised Code, requesting that the court find you in contempt pursuant to section 2705.02 of the Ohio Revised Code which may result in the agency taking whatever action is necessary to obtain the information and make any reasonable assumptions necessary with respect to the information you did not provide to ensure a fair and equitable review of the child support order.

Willful failure to provide documents and any other information requested shall, pursuant to section 3319.60 of the Ohio Revised Code, be considered contempt of court.

Should you have any questions regarding this procedure or the request for income information, please call 513-7327248.

IMPORTANT NOTICE

The purpose of this information sheet is to obtain information for the Child Support Worksheet. You can receive credit on the worksheet for the following items:

Union Dues

Child Support and Spousal Support Paid on Other Cases

Local Income Taxes

Cost of Health Insurance Premiums - THE DIFFERENCE BETWEEN THE COST OF A SINGLE PLAN AND THE COST OF THE FAMILY PLAN.

Work Related Child Care

If this information is not provided by you, we cannot give the credit on the worksheet.

If you do not wish to provide this information, please sign below.

I do not wish to provide the above information, and I realize that without providing the costs of both the single and the family plans, I will not get credit for health insurance premiums on the Child Support Worksheet.

Signature

Date

REVIEW AND ADJUSTMENT QUESTIONNAIRE

Case No. _____ Order No. _____

Name: _____ SSN: _____

Address: _____ DOB: _____

_____ Is this a **new** address? ____ yes ____ no

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Is this job seasonal? ____ yes ____ no

Address:

Pay frequency: ____ weekly ____ monthly ____ bi-weekly ____ semi-monthly ____ other: _____

Starting date of employment _____ Pay rate: _____ per hour Hours per week: _____

If not employed, do you receive public assistance money? ____ yes ____ no

Do you have a second job? ____ yes ____ no Starting date of employment _____

Employer: _____ Phone number _____

Address: _____ Pay rate: _____ Hours per week: _____

Do you have rental property? ____ yes ____ no If yes, monthly adjusted gross income from rental property \$ _____

Is the other parent on this case employed? ____ yes ____ no

If yes, provide a name & address of employer: _____

If they have a second job, please list name & address of employer: _____

If you know their previous employer, please list name and address: _____

List minor children living in your home from **this case and order only**:

1. DOB _____ 3. _____ DOB _____

2. DOB _____ 4. _____ DOB _____

Are any of the children listed above/over age eighteen and no longer attending school? _____

List minor children living in your home born to you and another person (not from this case (stepchild(ren) are not included):

1. DOB _____ 3. _____ DOB _____

2. DOB _____ 4. _____ DOB _____

Do you receive current support for any of the minor children born to you and another person that are not included in this order? ___Yes ___ No

If yes, County: _____ Case No.: _____ \$ _____ per month, per ___ child(ren)

County: _____ Case No.: _____ \$ _____ per month, per ___ child(ren)

Are you under a court order to pay child support for children other than this case? ___ Yes ___ No

If yes, County: _____ Case No.: _____ \$ _____ per week, per _____ Child(ren) Arrearage \$ _____ per week

County: _____ Case No.: _____ \$ _____ per week, per _____ Child(ren) Arrearage \$ _____ per week

Do you pay alimony to a former spouse (not of this case)? ___ Yes ___ No

If yes, County: _____ Case No.: _____ \$ _____ per month

Do you provide health insurance for the children of this order? ___ Yes ___ No

If yes: a. Provide copy of the insurance card.

b. Cost of premium payment? \$ _____ per _____ (week/month)

c. What is your deductible? \$ _____

d. Does this plan include: Dental? ___ Yes ___ No Vision? ___ Yes ___ No

e. Is coverage provided by current spouse? ___ Yes ___ No

f. Provide copy of the cost of coverage. (i.e. pay stub, letter from employer, etc.)

g. What is the beginning date of coverage? _____

Name of Insurance Company: _____ Phone No: _____

Address: _____

Name of Insurer: _____ Individual No.: _____

Effective Date: _____ Group No.: _____

What would it cost you for single coverage? \$ _____ per _____ (week/month)

If you do not provide insurance coverage for the children, does your employer provide a health insurance plan to employees? ___ Yes ___ No

If yes: a. What would the premium cost if the children were covered?

\$ _____ per _____ (week/month)

Single coverage? \$ _____ per _____ (week/month)

b. What would your deductible be? \$ _____

c. Would this plan include: Dental? ___ Yes ___ No Vision? ___ Yes ___ No

If you worked overtime and/or received bonuses last year, list the last three calendar years of overtime and/or bonuses amounts:

| | Regular Pay | Overtime/Bonuses |
|----|-------------|------------------|
| 20 | \$ _____ | \$ _____ |
| 20 | \$ _____ | \$ _____ |
| 20 | \$ _____ | \$ _____ |

Do you pay local taxes? Yes No

If yes, what is the percentage of the local income tax? _____

Do you pay union dues? Yes No If yes, how much? \$ _____ per _____

If you are incarcerated, state reason for incarceration _____

Is the offense relating to the abuse or neglect of a child who is the subject of this order? Yes No

Is the other party to this child support order the victim of the offense? Yes No

If you are incarcerated, list all assets and value. _____

Are there any matters relating to child support or custody of the children currently pending in court?

Yes No If yes, explain: _____
