

CLERMONT COUNTY CHILD SUPPORT ENFORCEMENT

2400 Clermont Center Drive, Suite 107
Batavia, Ohio 45103

ODHS 7076 (6/98E)

Page 1 of 5

Date:

Application #:

APPLICATION FOR CHILD SUPPORT SERVICES NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

IMPORTANT: If you are receiving OWF or Medicaid, do not complete this application, because you became eligible for child support services when you signed the OWF/Medicaid application.

I, _____, request child support services from Clermont County Child Support Enforcement. I understand and agree to the following conditions:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support - OR - I am requesting services from the Ohio County of jurisdiction.
- 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 Office 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 only services"; 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 in obtaining 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 collect back support (arrears) by intercepting an obligor'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 in Ohio until the child has reached the age of 23.
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 payment 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.

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Home Address: _____ Mailing Address: _____

Home Phone: _____ Sex: _____

SSN: _____

Race: _____

Current Marital Status:

- Divorced Separated
 Single Married

Relationship to children: _____

Military Service _____
(Branch, Dates) _____

Ever been on Public Assistance? _____

When? _____

Which State? _____

EMPLOYER INFORMATION

Employer Name: _____ Employer Phone: _____

Employer Address: _____

_____ Is Medical Insurance Available? _____

INFORMATION ON CHILDREN

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			
Location of Birth: (County, City, State, Country)			
Has paternity (fatherhood) been established?			
Name of Absent Parent(s)			
Is there an order for support?			
Is the child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth: (County, City, State, Country)			

	PARENT 1	PARENT 2	PARENT 3
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks: (Tattoos, Scars, etc.)			
Name and Address of Employer			
Employer Phone #:			
Is Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:			
Order Frequency:			
Location Where Order Was Issued:			
Military Service (Branch, Dates):			
Ever Incarcerated (Location, Dates):			
Currently Institutionalized? If Yes, where?			
Arrest Record (Location, Dates):			
Name, Address Current Spouse			
AP Father's Name:			
AP Mother's Names:			
Has AP ever been on Public Assistance? (Location, Dates)			

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: _____

PATERNITY/SUPPORT QUESTIONNAIRE

Investigator _____

Applicant's Information

Name _____
(first) (middle) (last)

Address: _____
Street & number City State Zip Code

Your Date of Birth: _____ Your Social Security Number: _____

Your Home Phone #: _____ Your e mail address: _____

Your Cell Phone #: _____ Your Work # _____

Are you receiving cash assistance from the County? _____

Are you or any of your children on the County medical card? _____

OR Is private medical insurance being provided for child(ren): _____ If yes, by whom? _____

Provide name and address of insurance company: _____

Have you ever been involved with Children Protective Services? _____ In what County? _____

If you are a non-parent Caretaker, what is your relationship to child: _____

When did child start living with you: _____ Do you have legal custody? _____ If yes, in what county or state? _____

Once completed, please return forms to:

Clermont County CSEA, 2400 Clermont Center Dr., Suite 107, Batavia, Ohio 45103

I have fully answered the questions on these forms. The answers are true to the best of my knowledge.

I understand that it may constitute a crime if I provide false or misleading information.

I understand that if the Child Support Enforcement Agency (CSEA) accepts my case, a paternity and/or support action will be filed against the person (s) I stated to be the other parent.

I understand that the CSEA and its Staff Attorney and Hearing Officers represent the State of Ohio and not myself. I understand that I have the right to hire my own attorney at my own expense.

I understand I must fully cooperate with the CSEA, if CSEA is to continue with attempting to establish paternity or support.

I UNDERSTAND THAT THE CSEA OR THE COURT MAY ISSUE ORDERS WHICH WOULD REQUIRE ME TO DO AND/OR PAY FOR CERTAIN THINGS, INCLUDING BUT NOT LIMITED TO, ORDERING ME TO PROVIDE MEDICAL INSURANCE FOR THE CHILDREN, PAYING FOR ALL OR A PORTION OF UNCOVERED HEALTH CARE EXPENSES AND SHARING OR GIVING UP THE INCOME TAX EXEMPTIONS ATTRIBUTABLE TO THE CHILDREN.

I understand that if I change my address, I must report it in writing to the CSEA.

I further understand that I must appear at all hearings and appointments scheduled.

If I am on ADC/TANF,OWF or Medicaid/CareSource, I understand that failing to cooperate with the CSEA may also affect my ADC/TANF/OWF and/or Medicaid/CareSource.

I HAVE FULLY READ THE ABOVE OR IT HAS BEEN READ TO ME.

I UNDERSTAND ALL THE ABOVE AND THOSE PARTS I DID NOT UNDERSTAND HAVE BEEN FULLY EXPLAINED TO ME.

Your Signature (required)

Date (required)

PATERNITY/SUPPORT QUESTIONNAIRE

Mother's information:

Name: _____
(first) (middle) (last)

Address: _____
Street & number City State Zip Code

Mother's Date of Birth: _____ Mother's Social Security Number: _____

IF DOB is unknown, give age and month born or zodiac sign: _____

Mother's Home Phone #: _____ Mother's e mail address: _____

Mother's Cell Phone #: _____ Mother's Work #: _____

Does mother live with Friends / Relatives: _____

If yes, their names: _____

Is Mother receiving cash assistance from the County? _____

Is Mother or any children on the County medical card? _____

Mother's parents' names: Mother: _____ Mother's maiden name: _____

Father: _____

(If either parent is under the age of 18, must provide addresses of both grandparents.)

Mother's Place of employment: _____ Work #: _____

Address of employer: _____

Date of employment: _____

Marriage of mother /Custody

Has Mother ever been Married? Yes _____ No _____

Date of Marriage _____ Name of Spouse: _____ Spouse DOB: _____

Is Mother separated _____ Date of separation _____

Is Mother divorced _____ Date of Divorce _____

County of Divorce _____ Divorce Court Order # _____

Was this child/children named in this Divorce action: _____ Which parent was awarded custody: _____

If any other legal proceedings or custody proceedings involving these children, please provide the following information:

Court or Agency: _____ County/State _____

Case Number: _____ Date Filed: _____

Pending or Outcome _____

Is there a Protection Order/Restraining Order against any of the parents? _____

Has Mother ever been involved with Children Protective Services? _____ In what County? _____

Additional Info _____

Household Composition:

Names and dates of birth of other minor children who live with mother: _____

Is any child support ordered to be paid to mother for the other children: _____

How much and for what other children: _____

Is the mother ordered to pay child support for any other children? _____

How much and for which other children: _____

What other adults live in the household with the mother and what is their relationship: _____

PATERNITY/SUPPORT QUESTIONNAIRE

Father's information

(Alleged or Presumed during marriage)

Please attach a picture of father if available

Father's Name: _____
(first) (middle) (last)

Father's D.O.B: _____ Father's SSN: _____

IF DOB is unknown, give age and month born or zodiac sign: _____

Father's Home Phone #: _____ Father's e mail address: _____

Father's Cell Phone #: _____

Father's Address: _____

Does father live with Friends / Relatives: _____

If yes, their names: _____

Father's Parents' names: Mother: _____ Mother's maiden name: _____

Father: _____

(If either parent is under the age of 18, must provide addresses of both grandparents.)

Father's Place of employment: _____ Work #: _____

Address of employer: _____

Date of employment: _____

Additional Info: _____

Father's Height: _____ Weight : _____ Hair Color: _____ Race: _____

Father's National or Ethnic Origin: _____

Scars/tattoos: _____

Father's State of Birth: _____ H.S. attended: _____

Highest grade of education completed: _____ College? _____

Criminal Record: _____

Has the father ever provided support and/or have a relationship with this child? _____

Explain: _____

Has the father ever served in the military? _____

Has the father ever received: Welfare/GR _____ Unemployment _____ Worker's Comp _____

Social Security _____ Veteran's Benefit _____

Does father own any property _____ Where? _____

Does the father receive mail at child's mother's present address _____

Has father ever lived with the child's mother _____ Where: _____

Has father ever been married to or lived with someone else _____

PATERNITY/SUPPORT QUESTIONNAIRE

Child Info (Child #1)

Child's Name: _____
(first) (middle) (last)

Child's DOB: _____ Child's Place of birth: _____
Hospital State County

Who is the child living with: _____ Who has legal custody _____

Alleged father's name(s) _____

HAS PATERNITY BEEN ESTABLISHED? _____

IF YES, How? _____

IF NO, Name of Father on Birth Certificate _____

Did the mother have sex with anyone else within the 2 months before or after becoming pregnant? _____

If Yes, who? _____

Did the act of sexual intercourse which caused the mom to become pregnant take place in the State of Ohio? _____

If No, What State? _____

Did the other parent ever live in the state of Ohio: _____ What county and When: _____ : _____

Do you receive child support for this child? _____

Child Info (Child #2)

Child's Name: _____
(first) (middle) (last)

Child's DOB: _____ Child's Place of birth: _____
Hospital State County

Who is the child living with _____ Who has legal custody _____

Alleged father's name(s) _____

HAS PATERNITY BEEN ESTABLISHED? _____

IF YES, How? _____

IF NO, Name of Father on Birth Certificate: _____

Did the mother have sex with anyone else within the 2 months before or after becoming pregnant? _____

If Yes who? _____

Did the act of sexual intercourse which caused the mom to become pregnant take place in the State of Ohio? _____

If No, What State? _____

Did you the other parent ever live in the state of Ohio: _____ What county and When: _____

Do you receive child support for this child? _____

Child Info (Child #3)

Child's Name: _____
(first) (middle) (last)

Child's DOB: _____ Child's Place of birth: _____
Hospital State County

Who is the child living with _____ Who has legal custody _____

Alleged father's name(s) _____

HAS PATERNITY BEEN ESTABLISHED? _____

IF YES, How? _____

IF NO, Name of Father on Birth Certificate _____

Did the mother have sex with anyone else within the 2 months before or after becoming pregnant? _____

If Yes, who? _____

Did the act of sexual intercourse which caused the mom to become pregnant take place in the State of Ohio? _____

If No, What State? _____

Did the other parent ever live in the state of Ohio: _____ What county and When: _____ : _____

Do you receive child support for this child? _____

FOR ADD'L CHILDREN, PLEASE PROVIDE INFO ON BACK OF PAGE

Clermont County CSEA
2400 Clermont Center Drive, Suite 107
Batavia, Ohio 45103

(513) 732-7248
(800) 571-0943

<Applicant's First and Last Names>
<Address 1 >
<Address 2 >
<City/State/Zip>

Date: <print date>
Application Number: <app number>

EXPLANATION OF STATE HEARING PROCEDURES

<Applicant's First and Last Names>

Enclosed please find a copy of the JFS 07012, Rights and Responsibilities of Parents Receiving Child Support Services, and a copy of the JFS 04059, Explanation of State Hearing Procedures. This information is provided for your records and requires no action on your part unless you choose to request a State Hearing.

Please read the information provided and contact the child support enforcement agency at the telephone number listed at the top of this page if you have any questions.

Clermont County CSEA

RIGHTS AND RESPONSIBILITIES OF PARENTS RECEIVING CHILD SUPPORT SERVICES

Confidentiality of Case Material Information

You have the right to see the parts of your file at the Child Support Enforcement Agency (CSEA) about you and action 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 Internal Revenue Service (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 any action, lack of action or delay by the CSEA, you can ask for a state hearing. For a full explanation of your hearing rights and the hearing process, please read the attached JFS 04059, Explanation of State Hearing Procedures.

OWF Participants

As a condition of eligibility to receive 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 your CSEA), you may be ineligible to receive OWF benefits.

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 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 physician, hospital or other provider of medical services that you have medical insurance coverage and Medicaid coverage for the 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 the assignment.

The CSEA Can Assist You With the Following Available Services:

1. **Location of Absent Parent(s) including "Location Only Services"**. If the sole need is to find the absent parent.
2. **Establishing Paternity**: Obtaining an order to establish paternity if you were not married to the father of the child. An absent parent may also request paternity services.
3. **Establishment of Child Support and Medical Support**: The CSEA can help with the establishment of an order for child support and medical support if you are separated, living apart, or need to establish paternity.
4. **Enforcement of Existing Orders**: Current support and back child support.
5. **Federal and State Income Tax Refund Offset**: Intercepting a payor's federal and state income tax refunds.
6. **Withholding of Various Types of Income**: Payroll deductions for current and back support.
7. **Collection and Disbursement of Payments**: Collect support payments and send to you the amount of support payments received.
8. **Interstate Collection of Support**: Can assist you if the payor is living in another state or in some foreign countries.
9. **Review and Adjustment of Child Support Orders**: Each party to the support order has a right to request a review of the child support and medical support order thirty-six (36) months from the establishment of the order or from the date of the most recent review, or sooner, if certain circumstances are met. Contact the CSEA for further details.

Fees:

There is an application fee of one dollar for applicants not receiving OWF, Medicaid, or IV-E foster care benefits. The application fee may be absorbed by the CSEA.

There is no charge to recipients of OWF, Medicaid, and IV-E foster care.

Child Support Overpayments:

An overpayment is child support that you are not entitled to keep because:

- You have assigned (transferred) your rights to support to ODJFS.
- The payment was made to you instead of ODJFS.
- The payment was sent to your in error by ODJFS.

I understand that I am personally liable for returning any amounts paid to me in error, including amounts that must be returned because IRS or the Ohio Department of Taxation (ODT) accepts an amended tax return or complaint from the non-obligated spouse. I also understand that, in tax refund situations, I may be required to sign an affidavit attesting to the amount of support arrears.

Ohio Department of Job and Family Services
EXPLANATION OF STATE HEARING PROCEDURES

What is a State Hearing?

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the county department of job and family services (CDJFS), the county child support enforcement agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

How to ask for a Hearing

To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO BOX 182825, Columbus, Ohio 43218-2825. If you received a notice denying, reducing or stopping your assistance or services, fill out that form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food stamps, you may request a hearing on the amount of your food stamps at anytime during your certification period.

If someone else makes a written request for you, it must include a written statement, signed by you telling us that person is your representative. Only you can make a request by telephone.

How to Request a Telephone Hearing

If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day at the scheduled time for your hearing at the telephone number you provide.

Continuing Assistance or Services

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within the 15 days of the mailing date on the notice.

In the food stamp program, your benefits will continue only until the end of your certification period. After that you must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State

Hearings, to inquire if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number on from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

County Conference

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

When will the Hearing be Held?

After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice also will tell you what to do if you cannot come to the hearing as scheduled.

Where are Hearings Held?

Hearings are usually held at the local agency. If you are unable to get there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that on your hearing request.

Postponement of the hearing

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food stamp program postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

If you do not attend the Hearing

The Bureau of State Hearings will send you a dismissal notice if you don't come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

Before the Hearing

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you don't know how to reach your local aid office, call 1-800-589-5888; toll free, for the local number. If you want notice of the hearing sent to your lawyer, you must give the hearings section your lawyer's name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or getting copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

Subpoena

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and that are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want subpoenaed.

At the Hearing

You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail, issued by the hearing authority.

Group Hearings

The hearings office may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

After the Hearing

You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food stamps, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

Compliance with the Hearing Decision

If the hearing decision orders an increase in your food stamps, you should get the increase about 10 days of the decision date. If the decision orders a decrease in your food stamps, you should get the new, smaller amount the next time you regularly get food stamps.

In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

Another Action Requires another Hearing

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or decision, you must ask for another hearing if you disagree with the new action. Remember, the fact that you are waiting for a hearing or decision will not stop another action from being taken on your case. You must ask for another hearing on the new action.