

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

IMPORTANT: If you are receiving OWF Cash Assistance 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 the Delaware County Child Support Enforcement Agency. I understand and agree to the following:

- 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. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA.
- 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.

The Child Support Enforcement Agency can assist you in providing the following services:

1. Location of Other Parents.

The agency can assist in finding where the other 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 other parent.

2. Establishment or Adjustment 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 (adjustment), and to establish a medical support order.

3. Enforcement of Existing Orders.

The CSEA can help you collect current and past-due child support.

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

The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in 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 past-due 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. Either 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. Past-due support collected will be paid to you until all of the past-due 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		INFORMATION ABOUT YOU			
NAME		DATE OF BIRTH			
SOCIAL SECURITY NUMBER (SSN)		CURRENT MARITAL STATUS			
		<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED
		<input type="checkbox"/> DESERTED	<input type="checkbox"/> WIDOWED		

Type(s) of Service(s) Requested:

All services listed
 Location of other 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: _____

Delaware County Child Support Enforcement Agency

145 North Union Street, Delaware, Ohio 43015

(740) 833-2720 800-490-9534 Fax: (740) 833-2719

These questions are personal but are necessary for the Agency to establish and enforce a child support order. The information is confidential and available only to the personnel of Delaware County CSEA.

First Name:	Middle Name:	Last Name:	Maiden Name (if applicable):
Street Address		City:	State: Zip Code:
Date of Birth:	Social Security #:	Phone # ()	
E-mail Address:		Primary Language:	

Is there a protection order/restraining order against any participant to the case? Yes No

Does your address need to be protected from the other party for safety reasons? Yes No

Are you or the child(ren) a victim of domestic/family violence with any participants to the case? Yes No

What services are you requesting? Check all that apply.

DNA Testing Establish New Child Support Order Locate Restart Old Support Order Add a Child to Existing Order

CHILD #1 INFORMATION:

Child's First Name:	Middle Name:	Last Name:	City & State of Birthplace:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security #:	Race:

What is YOUR relationship to this child? Mother Father Caretaker/Legal guardian.

Do you have legal custody of this child? Yes No (please provide a copy of any legal custody orders)

If you are the caretaker/legal guardian of this child, does either parent live with you? Yes No

Do the mother and father of this child currently live together? Yes No

Does this child live with you? Yes No If no, who is the child living with and where (address)?

Was this child born during a marriage of the mother? Yes No If yes, who was the mother married to: _____

Date of marriage: _____ County/State of marriage: _____

Was this marriage terminated? Yes No If yes, when? _____

What county/state was the divorce filed? _____

Is there a father's name listed on the child's birth certificate? Yes No

If yes, name of father listed: _____

City & State this child was conceived (where mother became pregnant): _____

Is or was there ever a support order for this child? Yes No

Is there any current court action with any court that involves the parties or child(ren)?

If yes, what county/state was the order filed _____ Date: _____

Do you receive any of the following benefits for the child listed on this case?

Cash Assistance Medical Card Social Security, if so what kind? _____

CHILD #2 INFORMATION:

Child's First Name:	Middle Name:	Last Name:	City & State of Birthplace:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security #:	Race:

What is YOUR relationship to this child? Mother Father Caretaker/Legal guardian.

Do you have legal custody of this child? Yes No (please provide a copy of any legal custody orders)

If you are the caretaker/legal guardian of this child, does either parent live with you? Yes No

Do the mother and father of this child currently live together? Yes No

Does this child live with you? Yes No If no, who is the child living with and where (address)?

Was this child born during a marriage of the mother? Yes No If yes, who was the mother married to: _____

Date of marriage: _____ County/State of marriage: _____

Was this marriage terminated? Yes No If yes, when? _____

What county/state was the divorce filed? _____

Is there a father's name listed on the child's birth certificate? Yes No

If yes, name of father listed: _____

City & State this child was conceived (where mother became pregnant): _____

Is or was there ever a support order for this child? Yes No

Is there any current court action with any court that involves the parties or child(ren)?

If yes, what county/state was the order filed _____ Date: _____

Do you receive any of the following benefits for the child listed on this case?

Cash Assistance Medical Card Social Security, if so what kind? _____

CHILD #3 INFORMATION:

Child's First Name:	Middle Name:	Last Name:	City & State of Birthplace:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security #:	Race:

What is YOUR relationship to this child? Mother Father Caretaker/Legal guardian.

Do you have legal custody of this child? Yes No (please provide a copy of any legal custody orders)

If you are the caretaker/legal guardian of this child, does either parent live with you? Yes No

Do the mother and father of this child currently live together? Yes No

Does this child live with you? Yes No If no, who is the child living with and where (address)?

Was this child born during a marriage of the mother? Yes No If yes, who was the mother married to: _____

Date of marriage: _____ County/State of marriage: _____

Was this marriage terminated? Yes No If yes, when? _____

What county/state was the divorce filed? _____

Is there a father's name listed on the child's birth certificate? Yes No

If yes, name of father listed: _____

City & State this child was conceived (where mother became pregnant): _____

Is or was there ever a support order for this child? Yes No

Is there any current court action with any court that involves the parties or child(ren)?

If yes, what county/state was the order filed _____ Date: _____

Do you receive any of the following benefits for the child listed on this case?

Cash Assistance Medical Card Social Security, if so what kind? _____

Mother's Information

First Name:	Middle Name:	Last Name:	Maiden Name:
Current or Last Known Address:		City:	State:
City & State of Birthplace:		Social Security #: ()	
Date of Birth:		Alias/Nicknames for Mother:	
Current or Last Known Employer		Primary Language:	
Employer Address			Annual Income:
Height:	Weight:	Race	Hair Color:
Scars/Tattoos/Birthmarks:		E-mail Address:	

Has the mother ever served in the Military? Yes No If yes, what branch and date: _____

Has the mother ever been arrested? Yes No If yes, when and where? _____

List any other source of income for mother: _____

List all states where mother may have or had a driver's license: _____

Mother's Family:

Father: _____ Phone #: _____

Address: _____

Mother: _____ Phone #: _____

Address: _____

List everyone who resides at the mother's address: _____

Does the mother have any other biological children not listed on this case? Yes No

If yes, list child(ren)'s name(s): _____

Does the mother have another child support case? Yes No If yes, with whom? _____

Has the mother ever lived in the State of Ohio? Yes No Unknown If yes, when? _____

Has the mother ever been present in Ohio? Yes No Unknown If yes, when? _____

Last date of contact with the mother: _____ Phone Person

Other pertinent information related to this case: _____

Father's Information

First Name:	Middle Name:	Last Name:	Suffix (Jr., 2 nd , Etc.):	
Current or Last Known Address:		City:	State:	Zip Code:
City & State of Birthplace:	Social Security #:		Phone # ()	
Date of Birth:	Alias/Nicknames for Father:		Primary Language:	
Current or Last Known Employer			Employer Phone # ()	
Employer Address				Annual Income:
Height:	Weight:	Race	Hair Color:	Eye Color:
Scars/Tattoos/Birthmarks:			E-mail Address:	

Has the father ever served in the Military? Yes No If yes, what branch and date: _____

Has the father ever been arrested? Yes No If yes, when and where? _____

List any other source of income for father: _____

List all states where father may have or had a driver's license: _____

Father's Family:

Father: _____ Phone #: _____
 Address: _____

Mother: _____ Phone #: _____
 Address: _____

List everyone who resides at the father's address: _____

Does the father have any other biological children not listed on this case? Yes No
 If yes, list child(ren)'s name(s): _____

Does the father have another child support case? Yes No If yes, with whom? _____

Has the father ever lived in the State of Ohio? Yes No Unknown If yes, when? _____

Has the father ever been present in Ohio? Yes No Unknown If yes, when? _____

Last date of contact with the father: _____ Phone Person

Other pertinent information related to this case: _____

I HAVE FULLY ANSWERED THE QUESTIONS ON THIS QUESTIONNAIRE. THE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND IT MAY CONSTITUTE A CRIME IF I PROVIDE FALSE OR MISLEADING INFORMATION. IF I AM RECEIVING PUBLIC ASSISTANCE, I UNDERSTAND THAT FAILING TO COOPERATE WITH THE CSEA MAY ALSO AFFECT MY PUBLIC ASSISTANCE.

 Signature

 Date



Delaware County Child Support Enforcement Agency

Joyce M. Bowens, Director

WAIVER AND NOTICE OF LEGAL REPRESENTATION
FOR OBLIGEE

1. The Delaware County Child Support Enforcement Agency is responsible for carrying out federal and state child support program requirements and for making child support services available to those in the community in need of them.
2. The Child Support Enforcement Agency employs attorneys to provide any legal representation necessary for the Child Support Enforcement Agency to perform these services.
3. I understand that the Child Support Enforcement Agency attorney assigned to my case does not represent me personally and I understand that all Child Support Enforcement Agency attorneys represent the State at large in any and all cases involving the Child Support Enforcement Agency.
4. I understand that an attorney-client confidential relationship does not exist between myself and the Child Support Enforcement Agency attorney. Therefore, any information which I may communicate or provide to the Child Support Enforcement Agency attorney, is not confidential and can be used to protect the rights of the State of Ohio. This includes the investigation of welfare fraud.
5. I understand that any and all information which becomes a part of my Child Support Enforcement Agency case file, is open for use by the Child Support Enforcement Agency in any and all later services which it may be required by law to perform, including but not limited to, any modification, emancipation proceedings, any reductions, suspensions or terminations of support, obligations filed on behalf of the obligor /obligee or the State of Ohio, and criminal non-support proceedings.

By signing my name to this Waiver and Notice of Legal Representation, I hereby acknowledge and agree that I have read it carefully and completely and that I understand the statements made in this document.

Print Name

Signature

Date