

**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"/> DESERTED	<input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED

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? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker/Legal guardian. Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Do the mother and father of this child currently live together? <input type="checkbox"/> Yes <input type="checkbox"/> No  Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who is the child living with and where (address)? _____  Was this child born during a marriage of the mother? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who was the mother married to: _____ Date of marriage: _____ County/State of marriage: _____  Was this marriage terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ What county/state was the divorce filed? _____  Is there a father's name listed on the child's birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Medical Card <input type="checkbox"/> 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:	
						Zip Code:	
City & State of Birthplace:		Social Security #:			Phone # (     )		
Date of Birth:		Alias/Nicknames for Mother:			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 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 <sup>nd</sup> , 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