

**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"/> DESERTED | <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: _____

Information about the child(ren)'s Mother

| | | | | |
|---------------------------------|-------------------------|------------|------------------------|-----------|
| First Name: | Middle Name: | Last Name: | Maiden Name: | |
| Current or Last Known Address: | | City: | State: | Zip Code: |
| City & State of Birthplace: | Social Security Number: | | Home Phone Number: | |
| Date of Birth | Alias/Nicknames: | | Cell Phone Number: | |
| Current or Last Known Employer: | | | Employer Phone Number: | |
| Employer Address: | | | Annual Income: | |

Information about the child(ren)'s Father

| | | | | |
|---------------------------------|-------------------------|------------|------------------------|-----------|
| First Name: | Middle Name: | Last Name: | Maiden Name: | |
| Current or Last Known Address: | | City: | State: | Zip Code: |
| City & State of Birthplace: | Social Security Number: | | Home Phone Number: | |
| Date of Birth | Alias/Nicknames: | | Cell Phone Number: | |
| Current or Last Known Employer: | | | Employer Phone Number: | |
| Employer Address: | | | Annual Income: | |

Information on Child(ren)

| | Child 1 | Child 2 | Child 3 |
|---|---------|---------|---------|
| Name | | | |
| Sex | | | |
| Social Security Number | | | |
| Date of Birth (DOB) | | | |
| Name(s) of Other Parent(s) | | | |
| Has paternity (fatherhood) been established? | | | |
| Is there an Order for support? | | | |

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 in order 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: | | | |

What services are you requesting? DNA Testing Child Support Order Locate Restart Old Support Order Add a Child

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 the legal custody order) 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 divorced filed? _____ Is there a father's name listed on the child 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 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? _____ | | | |

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 _____

CHILD #2 INFORMATION:

| | | | |
|--|----------------|--------------------|-----------------------------|
| Childs 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 or court guardianship of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (please provide a copy of the legal custody order) 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 divorced filed? _____ Is there a father's name listed on the child 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 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 #3 INFORMATION:

| | | | |
|--|----------------|--------------------|-----------------------------|
| Childs 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 or court guardianship of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (please provide a copy of the legal custody order) 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 divorced filed? _____ Is there a father's name listed on the child 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 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? _____ | | | |

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 #: | |
| Home Phone # () | | | | Date of Birth: | | Alias/Nicknames for Mother: | |
| Cell Phone # () | | | | Current or Last Known Employer | | | |
| Employer Phone # () | | | | Employer Address | | | |
| Annual Income: | | | | Height: | | Weight: | |
| Race | | Hair Color: | | Eye Color: | | Scars/Tattoos/Birthmarks: | |
| E-mail Address: | | | | | | | |

Is there a protection order/restraining order in place? Yes No
 If yes, give the place and date? _____

Are you or the child(ren) subject to domestic/family violence? Yes No

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: _____

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 _____

Does the mother receive child support from anyone else? Yes No If yes, to whom? _____

Is the mother ordered to pay child support to anyone else? Yes No If yes, to whom? _____
 What county and state? _____

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 #: | Home Phone # () | |
| Date of Birth: | Alias/Nicknames for Father: | Cell Phone # () | |
| Current or Last Known Employer | | Employer Phone # () | |
| Employer Address | | | Annual Income: |
| Height: | Weight: | Race | Hair Color: Eye Color: |
| Scars/Tattoos/Birthmarks: | | E-mail Address: | |

Is there a protection order/restraining order in place? Yes No

If yes, give the place and date? _____

Are you or the child(ren) subject to domestic/family violence? Yes No

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: _____

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 _____

Does the father receive child support from anyone else? Yes No If yes, to whom? _____

Is the father ordered to pay child support to anyone else? Yes No If yes, to whom? _____

What county and state? _____

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 _____



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

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 you 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.