

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

**IMPORTANT:** If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, \_\_\_\_\_ request Child Support Services from the \_\_\_\_\_ County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the county in which services are requested
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the application.
- D. In providing IV-D services, the CSEA and any of its contraction agents (e.g. prosecutors, attorney, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient of IV-D recipient's personal interest.

The Child Support Enforcement Agency 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 Services Only", if the sole need is to find the whereabouts of the absent parent.
2. **Establishment of Modification of Child Support or Medical Support**  
The CSEA can assist you to obtain an order of 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 assist in collecting back support (*arrearages*) by intercepting a non-payor'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.
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. Back support collected will be paid to you until all the back support you are owed is paid. If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.
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 (Check One)      Single      Married Divorced      Separated      Deserted      Widowed

**Types of Services Requested:**      All services listed      Location of Absent Parent Only      Other(please explain below)

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 service (IV-D Services).

Signature of Applicant	Date
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If you are receiving a type of public assistance that requires cooperation with Child Support, you are required to complete and sign this questionnaire and to cooperate with the CSEA in establishing paternity or in establishing, modifying, or enforcing a support order. Unless the CSEA approves a good cause waiver of cooperation, failure to cooperate could result in delay, denial, and/or termination of your public assistance benefits.

### INSTRUCTIONS

PLEASE COMPLETE EACH APPLICABLE FIELD CLEARLY, PROVIDING THE MOST INFORMATION YOU CAN, INCLUDING ANY PARTIAL INFORMATION. PLEASE SUPPLY COPIES OF ALL PERTINENT INFORMATION LISTED IN THE CHECKLIST ON THE LAST PAGE OF THE APPLICATION. SIGNATURES ARE REQUIRED ON PAGES 2 AND 6.

### APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE	
MAIDEN OR OTHER		SSN		DOB	
CURRENT MARITAL STATUS			NAME OF SPOUSE		
GENDER	RACE	DO YOU NEED AN INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE OR OTHER SERVICE REQUESTED:			
RESIDENTIAL ADDRESS-STREET		CITY		STATE	ZIP
MAILING ADDRESS-STREET		CITY		STATE	ZIP
HOME PHONE			WORK PHONE		
CELL PHONE Can you receive texts from the CSEA? <input type="checkbox"/> YES <input type="checkbox"/> NO			OTHER PHONE		
EMAIL:					
EMPLOYER NAME AND ADDRESS			EMPLOYER PHONE		

<b>CHILD 1</b>	<b>SERVICES REQUESTED FOR THIS CHILD :</b> <input type="checkbox"/> PATERNITY <input type="checkbox"/> SUPPORT ESTABLISHMENT <input type="checkbox"/> ENFORCEMENT	<b>*PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR ADDITIONAL CHILDREN*</b>
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LAST NAME	FIRST NAME	MIDDLE	CITY & STATE OF BIRTH
SSN	DOB	WHERE WAS THE CHILD CONCEIVED (STATE)?	WHEN WAS CHILD CONCEIVED (MO/YR)?
APPLICANT'S RELATIONSHIP TO CHILD 1: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (Please specify)			GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS THE FATHER'S NAME (LAST, FIRST)?	
WAS AN ACKNOWLEDGEMENT OF PATERNITY AFFIDAVIT SIGNED? <input type="checkbox"/> YES, <input type="checkbox"/> NO IF YES, WHERE AND WHEN:		NAME OF FATHER THAT SIGNED THE AFFIDAVIT (LAST, FIRST)?	
CHILD'S MOTHER'S NAME (LAST, FIRST)		CHILD'S FATHER/ALLEGED FATHER'S NAME (LAST, FIRST)	
COULD THERE BE MORE THAN ONE POSSIBLE ALLEGED FATHER? <input type="checkbox"/> YES <input type="checkbox"/> NO (Sex with anyone 2 months before or 2 months after becoming pregnant) If yes, please list the names here and complete an Other Parent Information Sheet for each named father.			
WAS THE MOTHER EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS THE MOTHER MARRIED WHEN THE CHILD WAS BORN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HUSBAND'S NAME:		DATE OF MARRIAGE:	
HUSBAND'S NAME:		CITY, STATE:	
HUSBAND'S NAME:		DIVORCE DATE:	
IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?	
IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?	
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GUARDIANSHIP OF THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?	
IS THERE ANY PENDING LEGAL ACTION INVOLVING THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		MOST RECENT FILE DATE?	
		IN WHICH COUNTY, STATE?	

<b>CHILD 2</b>	<b>SERVICES REQUESTED FOR THIS CHILD :</b> <input type="checkbox"/> PATERNITY <input type="checkbox"/> SUPPORT ESTABLISHMENT <input type="checkbox"/> ENFORCEMENT	
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LAST NAME	FIRST NAME	MIDDLE	CITY & STATE OF BIRTH
SSN	DOB	WHERE WAS THE CHILD CONCEIVED (STATE)?	WHEN WAS CHILD CONCEIVED (MO/YR)?
APPLICANT'S RELATIONSHIP TO CHILD 2: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (Please specify)			GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS THE FATHER'S NAME (LAST, FIRST)?	
WAS AN ACKNOWLEDGEMENT OF PATERNITY AFFIDAVIT SIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE AND WHEN:		NAME OF FATHER THAT SIGNED THE AFFIDAVIT (LAST, FIRST)?	
CHILD'S MOTHER'S NAME (LAST, FIRST)		CHILD'S FATHER/ALLEGED FATHER'S NAME (LAST, FIRST)	
COULD THERE BE MORE THAN ONE POSSIBLE ALLEGED FATHER? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list the names here and complete an Other Parent Information Sheet for each named father.			
WAS THE MOTHER EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS THE MOTHER MARRIED WHEN THE CHILD WAS BORN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HUSBAND'S NAME:		DATE OF MARRIAGE:	
HUSBAND'S NAME:		CITY, STATE:	
HUSBAND'S NAME:		DIVORCE DATE:	
IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?	
IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?	
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GUARDIANSHIP OF THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?	
IS THERE ANY PENDING LEGAL ACTION INVOLVING THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		MOST RECENT FILE DATE?	
		IN WHICH COUNTY, STATE?	

### INFORMATION ABOUT THE OTHER PARENT

THIS OTHER PARENT IS THE ☐ MOTHER ☐ FATHER/ALLEGED FATHER OF \_\_\_\_\_ (LIST CHILD(REN))  
**OTHER PARENT** REFERS TO THE NON-APPLICANT PARENT OF THE CHILD(REN) OR IN THE CASE OF A CARETAKER APPLICANT, IT REFERS TO BOTH THE MOTHER AND FATHER OF THE CHILD(REN) AND AN INFORMATION SHEET FOR EACH PARENT IS NEEDED.  
 \*IF THERE ARE MORE THAN 2 OTHER PARENTS, PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR EACH ADDITIONAL OTHER PARENT.\*

IS THERE A HISTORY OF DOMESTIC VIOLENCE WITH THIS OTHER PARENT? ☐ YES ☐ NO  
 IF YES, PROVIDE AVAILABLE DOCUMENTATION OR A STATEMENT EXPLAINING THE SITUATION.

APPLICANT'S RELATIONSHIP TO THIS OTHER PARENT: ☐ NEVER MARRIED ☐ MARRIED ☐ LEGALLY SEPARATED ☐ DIVORCED ☐ OTHER (note below)

LAST NAME	FIRST	MIDDLE	MAIDEN OR OTHER
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SSN	DOB/AGE (APPX)	PLACE OF BIRTH (CITY & STATE)
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GENDER	RACE	DOES OTHER PARENT NEED AN INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE OR OTHER SERVICE NEEDED:
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MAILING ADDRESS-STREET	CITY	STATE	ZIP
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RESIDENTIAL OR OTHER ADDRESS-STREET	CITY	STATE	ZIP
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MARITAL STATUS & SPOUSE'S NAME IF THIS OTHER PARENT IS MARRIED	NAMES OF PEOPLE LIVING IN THIS PARENT'S HOME/ NAMES OF OTHER CHILDREN
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HOME PHONE	WORK PHONE	CELL PHONE	OTHER PHONE
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HAS BANK ACCOUNT AT?	EMAIL ADDRESS
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EYE COLOR	HAIR COLOR	HEIGHT (FT, IN)	WEIGHT	OTHER IDENTIFYING MARKS/FEATURES
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HAS OTHER PARENT EVER LIVED IN OHIO? ☐ YES ☐ NO HAS OTHER PARENT EVER LIVED WITH THE CHILD? ☐ YES ☐ NO

HAS OTHER PARENT EVER RECEIVED: ☐ SOCIAL SECURITY ☐ UNEMPLOYMENT ☐ WORKER'S COMPENSATION  
☐ PUBLIC ASSISTANCE ☐ VETERAN'S BENEFITS ☐ OTHER \_\_\_\_\_

MILITARY SERVICE: ☐ YES ☐ NO IS THE OTHER PARENT A VETERAN? ☐ YES ☐ NO  
 BRANCH \_\_\_\_\_ STATION \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

IS OTHER PARENT A STUDENT ☐ YES ☐ NO IF YES, WHERE \_\_\_\_\_ GRADE LEVEL & DEGREE: \_\_\_\_\_

ARREST/PRISON RECORD ☐ YES ☐ NO IF YES, WHERE \_\_\_\_\_ IMPRISONED DATE: \_\_\_\_\_ RELEASE DATE: \_\_\_\_\_

LIST ANY PROFESSIONAL OR RECREATIONAL LICENSES: \_\_\_\_\_

CAR MODEL/MAKE/YEAR	
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NAME OF OTHER PARENT'S FATHER	NAME OF OTHER PARENT'S MOTHER
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HIS ADDRESS	HER ADDRESS
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FATHER'S PHONE	MOTHER'S PHONE
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#### INFORMATION ABOUT OTHER PARENT'S EMPLOYMENT

CURRENT EMPLOYER	ADDRESS-STREET	CITY	STATE	ZIP
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IF UNEMPLOYED, NAME LAST EMPLOYER	ADDRESS-STREET	CITY	STATE	ZIP
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OCCUPATION	UNION NAME	LOCAL NO.
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ADDITIONAL INFORMATION THAT COULD ASSIST IN LOCATION OF PARENT, INCOME AND ASSETS. INCLUDE NAMES AND CONTACT INFORMATION OF OTHER FAMILY MEMBERS AND FRIENDS. LIST TYPES AND LOCATION OF ANY PROPERTY OR ASSETS OWNED BY OTHER PARENT.

### INFORMATION ABOUT THE OTHER PARENT

THIS OTHER PARENT IS THE ☐ MOTHER ☐ FATHER/ALLEGED FATHER OF \_\_\_\_\_ (LIST CHILD(REN))

OTHER PARENT REFERS TO THE NON-APPLICANT PARENT OF THE CHILD(REN) OR IN THE CASE OF A CARETAKER APPLICANT, IT REFERS TO BOTH THE MOTHER AND FATHER OF THE CHILD(REN) AND AN INFORMATION SHEET FOR EACH PARENT IS NEEDED.

\*IF THERE ARE MORE THAN 2 OTHER PARENTS, PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR EACH ADDITIONAL OTHER PARENT.\*

IS THERE A HISTORY OF DOMESTIC VIOLENCE WITH THIS OTHER PARENT? ☐ YES ☐ NO

IF YES, PROVIDE AVAILABLE DOCUMENTATION OR A STATEMENT EXPLAINING THE SITUATION.

APPLICANT'S RELATIONSHIP TO THIS OTHER PARENT: ☐ NEVER MARRIED ☐ MARRIED ☐ LEGALLY SEPARATED ☐ DIVORCED ☐ OTHER (note below)

LAST NAME

FIRST

MIDDLE

MAIDEN OR OTHER

SSN

DOB/AGE(APPX)

PLACE OF BIRTH (CITY & STATE)

GENDER

RACE

DOES OTHER PARENT NEED AN INTERPRETER? ☐ YES ☐ NO  
LANGUAGE OR OTHER SERVICE NEEDED:

MAILING ADDRESS-STREET

CITY

STATE

ZIP

RESIDENTIAL OR OTHER ADDRESS-STREET

CITY

STATE

ZIP

MARITAL STATUS & SPOUSE'S NAME IF THIS OTHER PARENT IS MARRIED

NAMES OF PEOPLE LIVING IN THIS PARENT'S HOME/NAMES OF OTHER CHILDREN

HOME PHONE

WORK PHONE

CELL PHONE

OTHER PHONE

HAS BANK ACCOUNT AT?

EMAIL ADDRESS

EYE COLOR

HAIR COLOR

HEIGHT (FT, IN)

WEIGHT

OTHER IDENTIFYING MARKS/FEATURES

HAS OTHER PARENT EVER LIVED IN OH? ☐ YES ☐ NO

HAS OTHER PARENT EVER LIVED WITH THE CHILD? ☐ YES ☐ NO

HAS OTHER PARENT EVER RECEIVED: ☐ SOCIAL SECURITY ☐ UNEMPLOYMENT ☐ WORKER'S COMPENSATION

☐ PUBLIC ASSISTANCE ☐ VETERAN'S BENEFITS ☐ OTHER \_\_\_\_\_

MILITARY SERVICE: ☐ YES ☐ NO

IS THE OTHER PARENT A VETERAN? ☐ YES ☐ NO

BRANCH \_\_\_\_\_ STATION \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

IS OTHER PARENT A STUDENT ☐ YES ☐ NO IF YES, WHERE

GRADE LEVEL & DEGREE :

ARREST/PRISON RECORD ☐ YES ☐ NO IF YES, WHERE

IMPRISONED DATE:

RELEASE DATE:

LIST ANY PROFESSIONAL OR RECREATIONAL LICENSES:

CAR MODEL/MAKE/YEAR

NAME OF OTHER PARENT'S FATHER

NAME OF OTHER PARENT'S MOTHER

HIS ADDRESS

HER ADDRESS

FATHER'S PHONE

MOTHER'S PHONE

#### INFORMATION ABOUT OTHER PARENT'S EMPLOYMENT

CURRENT EMPLOYER

ADDRESS-STREET

CITY

STATE

ZIP

IF UNEMPLOYED, NAME LAST EMPLOYER

ADDRESS-STREET

CITY

STATE

ZIP

OCCUPATION

UNION NAME

LOCAL NO.

ADDITIONAL INFORMATION THAT COULD ASSIST IN LOCATION OF PARENT, INCOME AND ASSETS. INCLUDE NAMES AND CONTACT INFORMATION OF OTHER FAMILY MEMBERS AND FRIENDS. LIST TYPES AND LOCATION OF ANY PROPERTY OR ASSETS OWNED BY OTHER PARENT.

**ADDITIONAL INFORMATION**

Please provide any additional information here.

**COURT ORDER INFORMATION (FILL IN ALL THAT APPLY)**

Type of Order	County	State	File Date	Support Amount per month	For Child(ren)
DIVORCE(S)/DISSOLUTION(S) (LIST ALL)				\$ /MO	
OTHER (LIST TYPES, INCLUDING CPO, CUSTODY, ETC)				\$ /MO	

☐ THERE ARE NO COURT ORDERS FOR THE CHILD(REN) NAMED :☐ I RECEIVE VOLUNTARY PAYMENTS FOR THE CHILD(REN) NAMED:

AMOUNT \$	FREQUENCY	DATE LAST SUPPORT RECEIVED	AMOUNT RECEIVED \$
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ARE THERE ANY PENDING COURT ACTIONS INVOLVING ANY OF THE OTHER PARENTS OR CHILDREN?

☐ YES ☐ NO IF YES, NOTE ACTION BELOW**SIGNATURE AND DOCUMENTATION**

SIGNATURE OF APPLICANT	PRINT NAME OF APPLICANT	DATE
SIGNATURE OF PARENT/GUARDIAN IF APPLICANT IS A MINOR	PRINT NAME OF PARENT/GUARDIAN	DATE

**CHECKLIST OF INFORMATION TO SUBMIT**

- Copy of Social Security Card for Each Child
- Copies of all Court Orders including Civil Protection Orders
- Copy of Marriage Certificate(s)
- Copy of birth certificate for each child, if child was born outside of the State of Ohio
- Copy of Out of State Support Payment Records
- Copy of Medical Insurance Cards

**Ohio Child Support Website and Customer Service Portal available at [www.jfs.ohio.gov/ocs](http://www.jfs.ohio.gov/ocs)**

Summit County CSEA  
175 S. Main Street  
Akron, Ohio 44308

330.643.2765  
1.800.726.2765

Date:  
Application Number:

### **EXPLANATION OF STATE HEARING PROCEDURES**

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.

Summit 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 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.

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 the action 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 receive a notice denying, reducing or stopping your assistance or services, you will receive a state hearing request form. Fill out the request 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 assistance, you may request a hearing on the amount of your food assistance at any time 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 of your hearing 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, you must request a state hearing within 15 days of receiving that notice in order to continue receiving your benefits until your hearing decision is issued.

In the food assistance program, your benefits will not continue if you were denied or if the certification period has expired. After the certification period, 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 one 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 county worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a 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 will also 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 go there, the hearing may be held some other place that is 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 in 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 assistance 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 do not 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 along with any verification. Verifications are documents or papers that prove why you missed your scheduled hearing. Once you have submitted your good cause verification, the hearing authority will decide if the documentation you provide is sufficient. If you do not call within 10 days and show good cause or proof for missing the hearing, it 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 do not know how to reach your local aid office, call 866-529-6446 (866-LAW-OHIO), toll-free, for the local number or search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>. If you want notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings 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 receiving 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 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 to subpoena.

### **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 Bureau of State Hearings 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 assistance, 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 assistance, you should get the increase about 10 days from the decision date. If the decision orders a decrease in your food assistance, you should get the new, smaller amount the next time you regularly get food assistance.

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 hearing decision, you must ask for another hearing if you disagree with the new action. A separate hearing will be conducted on the new notice.