

County CSEA      Telephone Number:  
Toll Free Number:  
Fax Number:  
CSEA Website:

Case Number:      Date:  
Order Number:      Child Support Obligor:  
Child Support Oblige:

Ohio Department of Job and Family Services  
**REQUEST FOR AN ADMINISTRATIVE REVIEW OF THE CHILD SUPPORT ORDER**

I request an administrative review and adjustment of my child support order, including the medical support provisions and any arrears payments, as set forth in Ohio Administrative Code (OAC) rules 5101:12-60-05 to 5101:12-60-05.6 for the following reason (please check the appropriate box):

- **Note:** I understand that the income amounts and changes in circumstances that warrant a review apply to the parents of the child support order. Income and circumstances of a caretaker do not warrant a request for a review of the child support order and are not used in the calculation of the child support order.

- ☐ It has been at least 36 months since the date of the most recent child support order.
- ☐ It has been **less** than 36 months since the date of the most recent child support order. I have marked the appropriate circumstance that has changed and submitted the required documentation with this request.
- ☐ The existing child support order established a minimum or a reduced child support obligation based on the guidelines due to the unemployment or underemployment of one of the parents and that parent is no longer unemployed or underemployed. The requesting party must provide to the CSEA evidence or information supporting an allegation of the change in the employment status.  
**Documentation required and attached.**
  - ☐ ☐ I am ☐ The other parent is unemployed or laid off beyond the parent's control for thirty consecutive days. This does not include seasonal employment. **Documentation required and attached.**
  - ☐ ☐ I am ☐ The other parent is unemployed or laid off due to a plant closing or mass layoff as defined in the Worker Adjustment and Retraining Notification (WARN) Act, 29 U.S.C. §2101 et seq. The administrative review request may only be made after the worker's last day of employment.  
**Documentation required and attached.**
  - ☐ ☐ I am ☐ The other parent is permanently disabled reducing his or her earning ability. The requestor must provide to the CSEA verification of receipt of benefits administered by the Social Security Administration due to the disability and/or a physician's complete diagnosis and permanent disability determination. **Documentation required and attached.**
  - ☐ ☐ I am ☐ The other parent is institutionalized and cannot pay support for the duration of the child's minority and no income or assets are available to the parent which could be levied or attached for support. The requestor must provide evidence of the institutionalization and the inability to pay support during the child's minority. **Documentation required and attached.**
  - ☐ ☐ I am ☐ The other parent is incarcerated for more than 180 days. The requestor must provide evidence of the incarceration. **Documentation required and attached.**

7. ☐ ☐ I have ☐ The other parent has experienced a thirty percent decrease, which is beyond the parent's control, or a thirty percent increase in gross income or income-producing assets for a period of at least six months and which can reasonably be expected to continue for an extended period of time. The party requesting the administrative review must provide to the CSEA relevant evidence or information supporting an allegation of a change in status. **Documentation required and attached.**
8. ☐ The child support order is not in compliance with the Ohio Child Support Guidelines due to the termination or redirection of the support obligation for a child of the existing support order.
9. ☐ I have children by the same parent in two or more administrative child support orders and I want to combine the orders into a single administrative child support order.
10. ☐ I want to access available or improved health care coverage that is available for the child. **Documentation required and attached.**
11. ☐ ☐ I have ☐ The other parent has experienced an increase or decrease in the cost of ordered health care coverage or child care for the child which is expected to result in a change of more than ten percent to the child support obligation based on the current Child Support Guidelines calculation. The requesting party must provide to the CSEA relevant evidence or information supporting an allegation of an increase or decrease in the cost of health care or child care. Note, if the request is based on a change in the cost of health care, the requesting party must provide to the CSEA evidence regarding the total, actual out-of-pocket cost of the health insurance premium. **Documentation required and attached.**
12. ☐ The health care coverage that is currently being provided in accordance with the child support order is no longer reasonable in cost and/or accessible. **Documentation required and attached.**
13. ☐ I am the obligor and I assert that my annual gross income is now below 150% of the federal poverty level and I should not be ordered to pay cash medical support, issued prior to March 28, 2019 (the federal poverty guidelines can be found at <http://www.aspe.hhs.gov/poverty> or by contacting the CSEA). **Documentation required and attached.**
14. ☐ I am the obligor and I am a member of the uniformed services who has been called to active service for a period of more than thirty (30) days. I have attached a military Power of Attorney to permit a designated person to act on my behalf in the administrative review, if applicable. **Documentation required and attached.**
15. ☐ A temporary adjustment order pursuant to OAC rule 5101:12-60-05.2 was issued, the obligor's term of active military service has ended, and the obligor has provided the CSEA written documentation sufficient to establish that the obligor's employer has violated the Uniformed Services Employment and Reemployment Rights Act, 38 U.S.C. 4301 to 4333. **Documentation required and attached.**

All child support cases are required to be administered under Ohio law by the local CSEAs. However, unless a case is designated as a "IV-D case," the case is considered to be a "non-IV-D case" and is ineligible for certain child support services, including administrative review and adjustment of child support orders. A "IV-D case" is a case in which a person files an application for child support services with the local CSEA or when the children are receiving public assistance such as Ohio Works First, Medicaid, or Foster Care Maintenance.

If you have a "non-IV-D case" and you want an administrative review and adjustment, you must submit to the CSEA a signed application for services to receive an administrative review for adjustment. You must accept all services available and be subject to all enforcement remedies of the child support enforcement program. If you do not cooperate with the CSEA in providing all the necessary information to enforce the order, the IV-D case shall be closed for failure to cooperate and no IV-D services shall be provided to you. Once the IV-D application has been filed with the CSEA and it is accepted, the case becomes a IV-D case.

Within 15 days of receiving your request for an administrative review and adjustment and any required evidence, the CSEA will review your request and determine whether a review should be conducted.

If your request is approved, both parents to the order and any third-party caretakers will be notified of the date of the administrative review. The notice will be mailed to the last known address of all parties. The notification will also request that the parents provide financial information, including but not limited to completing a financial affidavit, medical support information, and any other information necessary to properly review the child support order.

If your request is denied, the CSEA will send you notice of denial.

Requesting an administrative review may result in the monthly child support, cash medical support and arrearages repayment order increasing, decreasing, or remaining the same or in a change in the medical support provisions. Please be aware that you may not withdraw your request for an administrative review on or after the scheduled review date.

Please provide your current address if different from page 1:

Address:

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☐ I have attached all required and relevant documentation in support of my request. **I understand that if the required documents are not attached, my request may be denied.**

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Signature

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Printed Name

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Date

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Phone Number

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Email