



# SHERRI BEVAN WALSH

## Prosecuting Attorney

County of Summit  
CHILD SUPPORT ENFORCEMENT AGENCY  
175 South Main Street. Akron, OH 44308  
(330) 643-2765 .1-800- 726-2765 .Fax (330) 643-2745

### ATTORNEY CLIENT AFFIDAVIT

SETS Account Number: \_\_\_\_\_

Absent Parent: \_\_\_\_\_

Custodial Parent/Caretaker: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I am represented by \_\_\_\_\_  
Name or requesting party Attorney Name

Attorney Address: \_\_\_\_\_  
Street City State Zip

Attorney Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

in the matters dealing with my support case. I hereby authorize the Child Support Enforcement Agency to release to the above attorney any information about me that is necessary to work on my support case. I understand that this does not include information in the case file about the other party in this case that may still be held confidential due to Federal and State laws.

This affidavit **MUST** be completed by the client and may be rescinded at any time by notifying this agency in writing.

\_\_\_\_\_  
Signature of Requesting Party

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Social Security Number

Pursuant to ORC 1347.08, Information maintained by the Child Support Enforcement Agency, of which a person is a subject, may be inspected by an authorized person. "Authorized person" means the subject, the subject's legal guardian, the subject's attorney of record in a currently pending matter or any other person who has written permission by the subject or subject's legal guardian.

