



# SHERRI BEVAN WALSH

**Summit County Prosecuting Attorney**

**CHILD SUPPORT ENFORCEMENT AGENCY**

175 South Main St. Akron, OH 44308

(330) 643-2765, (800) 726-2765, Fax (330) 643-2745

## UPDATE/CHANGE IN ADDRESS OR EMPLOYMENT

**FROM:**

**SETS CASE #:** \_\_\_\_\_

**LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:** \_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**NAME OF OTHER PARENT OR CARETAKER:** \_\_\_\_\_

**My current address and contact information is: (Please provide mailing and residential addresses if your mailing address is different from your residence.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number(s) (cell and home):** \_\_\_\_\_

**Telephone Number (work):** \_\_\_\_\_

**Email address:** \_\_\_\_\_

- I am employed/working at: (Please list Name, Address & Contact Information for Employer/Contractor.)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I have another source of income (Please list source, including, but not limited to disability, retirement, unemployment.):** \_\_\_\_\_
- I am unemployed and seeking employment.**
- I am unemployed and unable to work. (Please list the reason for inability to work and the expected duration.):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **(Documentation must be submitted that proves an inability to maintain employment at this time.)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**