



DEPARTMENT OF JOB AND FAMILY SERVICES

185 Shady Lane Drive, Norwalk OH 44857 ♦ www.huroncountydjfs.org
419-668-8126 or 1-800-668-5175 ♦ Fax 419-668-4738

APPLICATION AND QUESTIONNAIRE FOR CHILD SUPPORT SERVICES

The Child Support program aims to provide services to help families by promoting family self-sufficiency and child well-being. Services are available to either parent when one parent is living outside the home. Services are also available to caretakers of children. Services are available automatically for families receiving assistance under the Ohio Works First (OWF) program.

The child support enforcement agency (CSEA) can assist you with the following services:

1. Establishment of Paternity – Legally Identifying a Child's Father

The CSEA can assist in establishing paternity (legal fatherhood) if there has not been a final and enforceable determination of paternity for the child.

2. Establishment or Adjustment of Child Support and Medical Support Orders

The CSEA can assist in obtaining an order for child support and medical support. A support order establishes how much a parent should pay for child support. It also allocates the costs of providing for the health care of the child between the parents. The CSEA can assist in modifying a support order (review and adjustment) every 36 months or sooner if there is a qualifying change in circumstances.

3. Enforcement of Existing Support Orders

The CSEA can assist in collecting and disbursing current and past due support, as well as enforcing medical support orders. The parent ordered to pay support (obligor), will be required to pay child support by income withholding. The CSEA will issue income withholding orders to collect support from the parent's wages and/or unearned income. Overdue support may also be collected from Federal or state income tax refunds and liens placed on property. In addition, when past-due support is owed, the following may occur:

- Unpaid child support may be reported automatically to credit reporting bureaus
- Driver's, professional, occupational and recreational licenses may be suspended if the obligated parent is not paying the required support
- The U.S. State Department will deny a passport to a parent who owes more than \$2,500 in back child support
- Funds may be seized from financial institutions
- Court actions, such as contempt, and possibly criminal actions may be taken against chronic delinquent parents

4. Location of Parents

The CSEA can use available information to locate parents and their income and assets. The applicant can request "Location Only Services," if the sole need is to find the whereabouts of the non-residential parent.

Child Support Services Requested:

☐ All child support services available ☐ Location of non-residential parent only ☐ Other (please explain): _____

PLEASE READ BEFORE SIGNING RIGHTS AND RESPONSIBILITIES

Confidentiality of Case Material

You have the right to see the parts of your file at the CSEA about you and the actions 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 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 an action, lack of action or delay by the CSEA, you may request a state hearing.

OWF Participants

As a condition of eligibility to receive Ohio Works First (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 the CSEA), you may be ineligible to receive OWF benefits.

Payments from the IRS are applied to repay OWF 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 provider of medical services that you have medical insurance coverage and Medicaid coverage for 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 that assignment.

Child Support Overpayments

An overpayment is child support that you are not entitled to keep because you have assigned your rights to support to ODJFS, the payment was made to you instead of ODJFS, or the payment was sent to you in error by ODJFS. You may be personally liable for returning any amounts paid in error, including amounts that must be returned because the IRS or ODT accepts an amended tax return or complaint from the non-obligated spouse. In tax refund situations you may be required to sign an affidavit attesting to the amount of support arrears.

The child support agency has provided sufficient information regarding the services available and my responsibilities.

I declare that I have examined this application and, to the best of my knowledge and belief, it is a true and correct statement of every material point.

I understand that the CSEA, its staff, and any of its contracted agencies, represent only the county and the State of Ohio, and do not represent me, either parent, the child (ren), or other custodian of the children.

I understand that within 20 days of receiving this completed and signed application and questionnaire, the CSEA will send a written notice informing me whether my application for Title IV-D child support services has been accepted.

Signature of Applicant: _____ Print Name: _____ Date: _____

Signature of Parent/Guardian

if Applicant is a Minor : _____ Print Name: _____ Date: _____

Ohio Child Support Website and Customer Service Portal available at www.jfs.ohio.gov/ocs

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 7.

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			OTHER PHONE		
EMAIL:					
EMPLOYER NAME AND ADDRESS			EMPLOYER PHONE		

CHILD 1 SERVICES REQUESTED FOR THIS CHILD : ☐ PATERNITY ☐ SUPPORT ESTABLISHMENT ☐ ENFORCEMENT
 PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR ADDITIONAL CHILDREN

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		HUSBAND'S NAME:		DATE OF MARRIAGE:		CITY, STATE:	
						DIVORCE DATE:	
HUSBAND'S NAME:		DATE OF MARRIAGE:		CITY, STATE:		DIVORCE DATE:	
IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?			
IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?			
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GUARDIANSHIP OF THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?			
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?			

CHILD 2 SERVICES REQUESTED FOR THIS CHILD : ☐ PATERNITY ☐ SUPPORT ESTABLISHMENT ☐ ENFORCEMENT

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		HUSBAND'S NAME:		DATE OF MARRIAGE:		CITY, STATE:	
						DIVORCE DATE:	
HUSBAND'S NAME:		DATE OF MARRIAGE:		CITY, STATE:		DIVORCE DATE:	
IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?			
IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?			
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GUARDIANSHIP OF THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?			
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?			

CHILD 3 SERVICES REQUESTED FOR THIS CHILD : ☐ PATERNITY ☐ SUPPORT ESTABLISHMENT ☐ ENFORCEMENT***PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR ADDITIONAL CHILDREN***

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: CITY, STATE: DIVORCE DATE:							
HUSBAND'S NAME: DATE OF MARRIAGE: CITY, STATE: DIVORCE DATE:							
IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?			
IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?			
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GUARDIANSHIP OF THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?			
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?			

CHILD 4 SERVICES REQUESTED FOR THIS CHILD : ☐ PATERNITY ☐ SUPPORT ESTABLISHMENT ☐ ENFORCEMENT

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: CITY, STATE: DIVORCE DATE:							
HUSBAND'S NAME: DATE OF MARRIAGE: CITY, STATE: DIVORCE DATE:							
IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?			
IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?			
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GUARDIANSHIP OF THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WAS THE ORDER FILED?		IN WHICH COUNTY, STATE?			
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
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.

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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE AVAILABLE DOCUMENTATION OR A STATEMENT EXPLAINING THE SITUATION.				
APPLICANT'S RELATIONSHIP TO THIS OTHER PARENT: <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS OTHER PARENT EVER LIVED WITH THE CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAS OTHER PARENT EVER RECEIVED: <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/> WORKER'S COMPENSATION <input type="checkbox"/> PUBLIC ASSISTANCE <input type="checkbox"/> VETERAN'S BENEFITS <input type="checkbox"/> OTHER _____				
MILITARY SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THE OTHER PARENT A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
BRANCH _____		STATION _____ DATES: FROM _____ TO _____		
IS OTHER PARENT A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHERE _____ GRADE LEVEL & DEGREE?		
ARREST/PRISON RECORD <input type="checkbox"/> YES <input type="checkbox"/> 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

\$

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 Birth Certificate & Social Security Card for Each Child
- Copies of all Court Orders including Civil Protection Orders
- Copy of Marriage Certificate(s)
- Copy of Out of State Support Payment Records
- Copy of Medical Insurance Cards