



DEPARTMENT OF JOB AND FAMILY SERVICES

Child Support at the Job Center

1111 South Edwin C. Moses Blvd.
P.O. Box 8744
Dayton, Ohio 45422

937-225-4600 - phone
800-555-0430 - toll free
937-496-7461 - fax

www.mcohio.org

COUNTY COMMISSIONERS

Judy Dodge
Dan Foley
Deborah A. Lieberman

COUNTY ADMINISTRATOR

Joseph P. Tuss

ASSISTANT COUNTY ADMINISTRATOR

DEPARTMENT DIRECTOR
Tom Kelley

Re: Waiver/Compromise, SETS Case No.

Dear

Thank you for taking this positive step towards managing your child support arrearages. The Montgomery County Child Support Enforcement Agency (MCCSEA) looks forward to working with you on this very important issue. This letter will outline the basic waiver/compromise process and explain your next steps.

First, the MCCSEA asks that you read and complete the two forms included with this letter. The first form is the Request to Negotiate an Assigned Arrears Reduction. This form contains vital information regarding your rights and responsibilities regarding this process. The second form is the Financial Disclosure Affidavit, which provides the MCCSEA with information regarding your specific situation. This is your opportunity to explain why you believe the MCCSEA should waive or compromise your arrears. Please answer as many questions as you can; provide any details you believe are relevant to your case. You must attach any evidence that supports your request. In order to process your request, the MCCSEA must have current contact information, including a valid phone number and address.

Second, you must return both forms (Request to Negotiate an Assigned Arrears Reduction & Financial Disclosure Affidavit) to begin this process. These required forms, plus any supporting documents, should be returned in the envelope included with this letter, or you may return them to the MCCSEA in person (Job Center, 1111 South Edwin Moses Blvd. P.O. Box 8744 Dayton, OH. 45422). It is recommended that you make copies of the forms and documents that you submit to the MCCSEA.

Upon receipt of the required forms, a MCCSEA representative will contact you by phone to schedule a phone conference to review the information contained in your submitted forms. During that conference, the representative will discuss and confirm the information provided on your **Financial Disclosure Affidavit** and discuss payment options. At the end of that conversation, if you and the MCCSEA representative can agree upon a plan, that agreement will be submitted to the proper authorities for approval. Within two weeks, the MCCSEA will provide you with notice of whether the proposed agreement was approved or denied and if applicable, will explain how to make arrangements to finalize the agreement.

If you have any questions or need clarification regarding this process do not hesitate to contact the MCCSEA at 937-225-4600. Our customer service representatives can answer any questions regarding the process; however, they cannot answer questions regarding you specific request until all required forms are returned to the MCCSEA.

Thank you for your interest in this process.

Sincerely,

Montgomery County CSEA

Re: Waiver /Compromise, SETS Case No.

Request to Negotiate An Assigned Arrears Reduction

By signing this document, I am requesting that the Montgomery County Child Support Enforcement Agency (MCCSEA) begin negotiations with me to determine whether the child support arrears assigned to the state of Ohio can be waived or compromised based upon my present circumstances. I have a financial hardship which does not allow me to meet this obligation and I would like to have my case reviewed for waiver or compromise. By signing this document, I also understand and agree with the following:

1. Neither the MCCSEA nor the Ohio Department of Job and Family Services is required to grant my request for waiver or compromise of any state owed arrears and this process has no right of appeal.
2. If I have a current support obligation, I am not eligible for a waiver of permanently assigned arrears. However, a compromise is permissible if the MCCSEA and I can reach an agreement.
3. A compromise does not affect my requirement to pay the full monthly support obligation owed on the support order.
4. A waiver of permanently assigned arrears does not stay or preclude collection of any other arrears or balances. Similarly, a compromise does not stay or preclude collection of any current support obligation or any other arrears or balances.
5. The CSEA may initiate court action to reinstate any waived or compromised arrears if obligor fails to comply with the terms and conditions of the Agreed Entry, there is a mutual mistake of fact sufficient to cause the Agreed Entry to be reformed or set aside, or has otherwise acted with intent to defraud the CSEA by furnishing false information or concealing assets or financial history. Court action is not required if obligor fails to satisfy the terms of the agreement before any money has been waived or compromised.
6. Neither the MCCSEA nor any MCCSEA employee represents me in any capacity, legal or otherwise. I understand that I may have private counsel review any agreements prior to signing, but I affirm that I am not represented by counsel, as it relates to any waiver and/or compromise of arrearages, at this time.

Signature

Date

SETS #: _____

Financial Disclosure Affidavit

INSTRUCTIONS:

You are required to answer the following questions accurately and completely. You must also sign this affidavit before a Notary Public. The Montgomery County CSEA will provide a notary upon request. In addition to completing this affidavit, you must attach evidence supporting your financial or medical hardship or your request could be denied. (*Please make sure that all handwriting is legible.*)

Name: _____

Current address: _____

Primary Phone: _____

If Employed, name & address of current employer: _____

Current gross pay rate: _____

Hours per week: _____ (*Please attach copies of pay stubs*)

If Unemployed, name & address of last employer: _____

Reason for Unemployment (be specific)

Identify any real estate which you own in whole or part, including the address of the real estate:

Please list any other financial assets that you possess with a value over \$500 [e.g. savings accounts, 401(k), IRA, 457(b), stocks, bonds, etc.]

Please attach as many pages as needed describing your specific reason for requesting this waiver or compromise. Remember, you must attach evidence supporting this request or your request could be denied.

If your request relates to medical disability, **you must describe why you are unable to work, when and how you became unable to work, and attach a written statement from your doctor which contains the following information: the name of the medical condition which prevents you from working or which limits your ability to work; the date upon which you became unable to work; and the date, if any, upon which you should be able to return to work.**

If your request relates to incarceration, **you must state the month and year that your incarceration began and ended, the location and date of all convictions, and the name of all convictions.**

If your request relates to employment issues, **you must describe all obstacles to full-time employment.**

I affirm that the information I have supplied on this form and the attachments is true to the best of my knowledge and belief.

Signature

Date

Before me appeared the above named person who signed this affidavit under oath or by affirmation on this ____ day of _____, in the year _____.

Signature of Notary Public

Expiration of Commission