



MONTGOMERY
C O U N T Y

REIBOLD BUILDING
14 West Fourth Street, 3rd Floor
P.O. Box 8744
Dayton, Ohio 45422-8744

www.mcohio.org

COUNTY COMMISSIONERS
Charles J. Curran
Don Lucas
Vicki D. Pegg

COUNTY ADMINISTRATOR
Deborah A. Feldman

DEPARTMENT DIRECTOR
Dannetta Graves

The obligor shall check the appropriate boxes below and fill in the needed information when any of these events occur and mail the original document to: Montgomery County Support Enforcement Agency, 14 W. 4th Street, P.O. Box 8744, Dayton, OH 45401

OBLIGOR NOTIFICATION

TO: Support Enforcement Agency
SEA# _____

Date: _____

- I have terminated my employment effective _____, 200____.
- I will receive unemployment benefits of _____ per _____.
- I will be employed as a _____ at (name of employer and payroll address) _____
_____. My new rate of pay will be \$ _____
per _____; I am scheduled to receive 12 24 26 52 checks per year; I will receive my first pay on
_____, 200____.
- I will become self-employed effective _____, 200____. The nature of said is _____.
Said business shall have its business account at (Financial Institution, Address, City, State, Zip) _____
_____ in the name of
_____, Account# _____.
- I am drawing Sick leave Disability benefits in the amount of _____ per _____ starting on
_____ from (Institution, Address, City, State, Zip) _____
_____.
- My Worker's Compensation will: commence increase terminate decrease effective _____ 200____,
\$ _____ per _____ Claim# _____.
- I have opened a new Financial Institution Account in the name of _____
_____. Account # _____, at (Name of Institution, Address, City, State, Zip) _____
_____.
- I am retiring effective _____, 200____ and will receive \$ _____ per _____ from
(Source, Address, City, State, Zip) _____
_____.

OBLIGOR NOTIFICATION

- I have acquired or expect to receive one or more of the following:
 - Lump Sum Payment in excess of \$500 as a result of _____
from _____ whose address is _____
_____.
 - Other property with a value in excess of \$1000 described as follows: _____

_____.
 - Other income or assets not otherwise included on this form such as lottery proceeds,
inheritances, insurance settlements, tax refunds, etc. describes as follows: _____

_____.

Obligor Signature

Obligor Social Security Number

Street Address

City/State/Zip

Obligor Phone Number