

**MONTGOMERY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
CHILD SUPPORT DIVISION**

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



REQUIRED DOCUMENTATION

Please **complete** and **return** the enclosed questionnaire and documents

LEAVE NO BLANKS

FAILURE to provide completed enclosed documents along with additional verifications listed below (if applicable) within 10 DAYS of the date on this packet may result in sanction and/or closure of your public assistance benefits.

- ✓ Copy of child(ren)'s birth certificate(s), not souvenir birth records
- ✓ Marriage certificate(s) for each marriage (not license)
- ✓ All divorce/dissolution decrees and/or orders
- ✓ Death certificates/proof of death (if applicable)
- ✓ Acknowledgment(s) of paternity (if applicable)
- ✓ Completed and signed questionnaire
- ✓ Sign Rights and Responsibilities form

Copies of Montgomery County, Ohio **birth** and **death** certificates can be obtained from the

Bureau of Vital Statistics
14 W. Fourth Street, 1st Floor
Dayton, Ohio

There is a fee for these documents

Copies of Montgomery County, Ohio **divorce decrees** can be obtained from the

Clerk of Courts
41 N. Perry Street
Dayton, Ohio 45402

There is a fee for these documents

CSEA Questionnaire

SETS # _____

CRIS-E # _____

Name of person completing application/requesting services _____

This form must be filled out completely. (PLEASE PRINT)

CUSTODIAL PARENT INFORMATION

Your full name _____ Phone # _____

Address _____ (city) _____ (state) _____ (zip) _____

Social Security Number (SSN) _____ Date of Birth (mm/dd/yyyy) _____

Place of employment /school enrollment _____

Where did you meet the non-custodial parent? _____

What is your relationship to the non-custodial parent? (friend, wife, husband, etc.) _____

Date of last contact with the non-custodial parent. _____

Did you ever live with the non-custodial parent? If so, when and where? _____

Were you ever married? Yes No

Please provide the name, date, location and current status for EACH of your marriages, divorces, or separations

Name of Spouse	Place & Date of Marriage mm/dd/yyyy	Are you Divorced/Separated mm/dd/yyyy	Place of Divorce
	Date	Date	
	Date	Date	
	Date	Date	

Have you requested child support services in any other state? Yes No If yes, which state? _____

Do you have a support order in another state? Yes No If yes, which state? _____

Is there a restraining order in place? Yes No

If divorce is pending, please provide: Attorney's Name _____ Phone # _____

If documentation is not provided regarding a current restraining order, your case may not be coded correctly.

NON-CUSTODIAL PARENT INFORMATION

Full name _____ Maiden name/Alias _____

Address _____ (city) _____ (state) _____ (zip) _____

Last Known Address _____ (city) _____ (state) _____ (zip) _____

Phone number _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Marital Status

Single, Married (please state spouse name) _____ divorced separated

Physical Description: Race _____ height _____ weight _____ hair color _____ eye color _____

Identifying characteristics: Tattoos/Piercings _____

Current employer or

Last known employer _____

Is the non-custodial parent attending school? Yes No If so, where? _____

NON-CUSTODIAL PARENT INFORMATION (cont.)

Does the non-custodial parent receive Welfare Unemployment Worker's Compensation
 Social Security VA benefits? If so, which City and State? _____

Has the non-custodial parent served in the military? If yes, which branch _____ Date of service? _____

Has the non-custodial parent ever had a driver's license? If so, which state? _____

Does the non-custodial parent own a car? If so, do you know year and make? _____

Does the non-custodial parent have an arrest record? _____

Is the non-custodial parent in jail? If so, where? _____

Do you know the reason for the non-custodial parent's incarceration? _____

Name of (non-custodial) parent's father _____

Address _____ (city) _____ (state) _____ (zip) _____ Phone _____ - _____ - _____

Name of (non-custodial) parent's mother _____

Address _____ (city) _____ (state) _____ (zip) _____ Phone _____ - _____ - _____

Does the non-custodial parent have children with anyone else? Yes No

Child's Full Name	Approx. age of child	Name of the child's other parent

CHILDREN WITH THE NAMED NON-CUSTODIAL PARENT ON THIS APPLICATION

CHILD	Full name	Sex of child	Date of birth (mm/dd/yyyy)
#1	City and State of birth	Social Security Number	
	City and State of Conception		

Did the non-custodial parent sign the birth certificate or the paternity affidavit? Yes No

Could anyone else possibly be the father? Yes No

If yes, please provide possible father's :

Name _____

Address _____ (city) _____ (state) _____ (zip) _____ Phone _____ - _____ - _____

Have you ever been to court in a matter relating to this child? Yes No

Is the child disabled or on SSI? Yes No

Were you married when the child was conceived or born? Yes No

If yes, Name of spouse at the time _____

To better service your case, please attach copies of your child's birth certificates, copy of all marriage licenses, and copies of all divorce decrees, any custody orders, regarding the child.

CHILDREN WITH THE NAMED NON-CUSTODIAL PARENT ON THIS APPLICATION

CHILD #2	Full name	Sex of child	Date of birth (mm/dd/yyyy)
	City and State of birth		Social Security Number
	City and State of Conception		

Did the non-custodial parent sign the birth certificate or the paternity affidavit? Yes No

Could anyone else possibly be the father? Yes No

If yes, please provide possible father's :

Name _____

Address _____ (city) _____ (state) _____ (zip) _____ Phone _____ - _____ - _____

Have you ever been to court in a matter relating to this child? Yes No

Is the child disabled or on SSI? Yes No

Were you married when the child was conceived or born? Yes No

If yes, Name of spouse at the time _____

To better service your case, please attach copies of your child's birth certificates, copy of all marriage licenses, and copies of all divorce decrees, any custody orders, regarding the child.

CHILD #3	Full name	Sex of child	Date of birth (mm/dd/yyyy)
	City and State of birth		Social Security Number
	City and State of Conception		

Did the non-custodial parent sign the birth certificate or the paternity affidavit? Yes No

Could anyone else possibly be the father? Yes No

If yes, please provide possible father's :

Name _____

Address _____ (city) _____ (state) _____ (zip) _____ Phone _____ - _____ - _____

Have you ever been to court in a matter relating to this child? Yes No

Is the child disabled or on SSI? Yes No

Were you married when the child was conceived or born? Yes No

If yes, Name of spouse at the time _____

To better service your case, please attach copies of your child's birth certificates, copy of all marriage licenses, and copies of all divorce decrees, any custody orders, regarding the child.

ADDITIONAL CHILDREN SHOULD BE ATTACHED ON A SEPARATE SHEET OF PAPER

I hereby indicate that these answers are full and correct to the best of my knowledge and belief. I understand that under Ohio law any rights I have in and to support for myself or minor children under current court order is assigned to the State of Ohio for such period/periods during which public assistance is given.

Applicant's Signature _____ Date: _____

Print Name _____

Minor Parent's Signature _____ Date: _____

Print Name _____

IV-D Representatives Signature _____ Date: _____

Print Name _____

APPENDIX 1-24
RIGHTS AND RESPONSIBILITIES OF PARENTS
RECEIVING CHILD SUPPORT SERVICES

Confidentiality of Case Material Information

- You have the right to see the parts of your file at the Child Support Enforcement Agency (CSEA) about you and action 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 any action, lack of action or delay by the CSEA, you can ask for a state hearing. For a full explanation of your hearing rights and the hearing process, please read the attached JFS 04059, Explanation of State Hearing Procedures.

OWF Participants

- As a condition of eligibility to receive 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 agency in getting support payments and any other payments.
- If you fail to cooperate without good cause (determined by your CSEA) you may be ineligible to receive OWF benefits.

While a family is receiving OWF, support collections are used to repay benefits. When a family leaves OWF, current support and family arrears are released to the family. Payments from the Internal Revenue Service (IRS) are applied to repay benefits before being applied to support payable to the household.

Medicaid Participants

While Medicaid benefits are received, cash 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 medical assistance and are covered by a health insurance plan, it is your responsibility to notify the physician, hospital or other provider of medical services that you have medical insurance coverage and Medicaid coverage for the 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 that does not exceed foster care maintenance payments is distributed to reimburse Title IV-E benefits. When IV-E foster care maintenance benefits cease, the assignment of support rights terminates, except for the amount of any unpaid support that accrued under the assignment.

The CSEA Can Assist You With the Following Available Services:

1. **Location of Absent Parent(s)**, including "Location Only Services" if the sole need is to find the absent parent.
2. **Establishment or Adjustment of Child Support and Medical Support**, if you are separated, have been deserted or need to establish paternity. The CSEA can help with a Review and Adjustment of your support order (if timely) and help establish a medical support order.
3. **Enforcement of Existing Orders**, to help you get current support and back child support.
4. **Federal and State Income Tax Refund Offset**, by intercepting a non-payor's federal and state tax refunds.
5. **Withholding of Various Types of Income**, to help you get payroll deductions for current and back support.
6. **Establishing Paternity**, by obtaining an order for paternity establishment, if you were not married to the father of the child. An absent parent may also request paternity services.
7. **Collection and Disbursement of Payments**, and send you a check for the amount of payments received.
8. **Interstate Collection of Support**, can assist you if the payor is living in another state or in some foreign countries.

Review and Adjustment of Child Support Orders

Each party to the support order has a right to request a review for adjustment of the order thirty-six (36) months from the establishment of the order or from the date of the most recent review, or sooner, if certain circumstances are met. Contact the CSEA for further details.

Fees

- There is an application fee of one dollar for applicants not receiving OWF, Medicaid, or IV-E foster care benefits. The application fee may be absorbed by the CSEA.
- There is no charge to recipients of OWF, Medicaid, and IV-E foster care.

Child Support Overpayments

An overpayment is child support that you are not entitled to keep because:

- You have assigned (transferred) your rights to support to ODJFS.
- The payment was made to you instead of ODJFS.
- The payment was sent to you in error by ODJFS.

I understand that I am personally liable for returning any amounts paid to me in error, including amounts that must be returned because IRS or ODT accepts an amended tax return or complaint from the non-obligated spouse. I also understand, that in tax refund situations, I may be required to sign an affidavit attesting to the amount of support arrears.

Signature	Date
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Montgomery County CSEA
1111 S. Edwin C. Moses Blvd.
P.O. Box 8744
Dayton, Ohio 45422
Fax: (937) 496-7461

APPLICATION FOR CHILD SUPPORT SERVICES NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, _____, request child support services from the Montgomery CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

- 1. Location of Absent Parents.**
The agency can assist in finding where an absent parent is currently living, in what city, town, or state. The applicant can request 'Location Only Services', if the sole need is to find the whereabouts of the absent parent.
- 2. Establishment or Adjustment of Child Support and Medical Support.**
The CSEA can assist you to obtain an order for support if you are separated, have been deserted, or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (adjustment), and to establish a medical support order.
- 3. Enforcement of Existing Orders.**
The CSEA can help you collect current and past-due child support.
- 4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.
- 5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**
The agency can help you get payroll deductions for current and past-due child support and can intercept unemployment compensation to collect child support.
- 6. Establishment of Paternity.**
The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.
- 7. Collection and Disbursement of Payments.**
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.
- 8. Interstate Collection of Child Support.**
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

APPLICANT INFORMATION

Name: _____	Date of Birth: _____
Home Address: _____ _____	Mailing Address: _____ _____
Home Phone #: _____	
Social Security #: _____	Sex: _____
Race: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married
Relationship to Children: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Military Service (Branch, Dates): _____ _____	Ever been on Public Assistance? (When and Where) _____ _____

EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer Address: _____ _____	Is Medical Insurance Available? _____

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

Type(s) of Service(s) Requested:

- All services listed
- Location of absent parent only
- Other (please explain)

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant: _____

Date: _____