

Important Information About the Support Process

Your hearing will be held at the CSEA, located in the green section of the Job Center, 1111 S. Edwin C. Moses Blvd., Dayton, Ohio 45422. We recommend you park in the back of the Job Center for direct access to our Agency.

If you are the victim of domestic violence, or if there is a restraining order in effect between you and another party, please notify the CSEA immediately. You may also call the Domestic Violence Hotline at **(937) 222-SAFE (7233)** for 24-hour assistance.

Please sign in at the reception desk upon arriving. We encourage you to arrive early, as you may be asked to complete paperwork prior to your hearing.

If you fail to appear on time, your hearing may be dismissed or rescheduled, and any public assistance benefits you receive may be sanctioned. An order for child support may still be issued even if you fail to appear for your hearing.

If you reside more than 50 miles from Dayton, you may participate in the hearing by phone if you do **ALL** of the following: **1)** request a phone hearing, **2)** provide a phone number where you can be reached, and **3)** return the Waiver of Service enclosed with your hearing notice at least **3 business days prior** to your hearing. Please phone, chat, or email us at MONTG_ADMIN_HEARINGS@jfs.ohio.gov to request a phone hearing.

Both parents must bring adequate proof of income. Please refer to the Checklist on the reverse side for a complete list of evidence you should bring to your hearing.

If you fail to provide proof of income, the hearing officer may determine your income or the income you could earn without further information from you.

Child care expenses, paid by either parent, must be verified by evidence from your child care provider, or by a notarized statement from your provider.

If you have **private health insurance** through you or your spouse's employer, or if private coverage is **available** to you through an employer, union, private policy, or exchange, you must provide **documentation of your out-of-pocket cost to provide the health care coverage for the child/ren, even if you are not currently covering yourself and/or your child/ren.**

RESCHEDULING: No continuances will be granted, except for good cause. All reschedule requests must be made at least 3 business days prior to your hearing.

If you have not already done so, **please register for the Child Support Customer Service Web Portal** at <http://jfs.ohio.gov/Ocs/CustServWebPortalWelcome2.stm> to access real-time case information. For more information on our services, or to download our MCCSEA **mobile app**, please visit our website at www.mcsea.org.

If you have any questions or wish to update your information, please contact the CSEA by phone **(937-225-4600)** or Live Chat (www.mcsea.org). Our representatives look forward to assisting you.

WHAT TO BRING TO YOUR HEARING:

Administrative hearings are held at the CSEA, in the green section of the Job Center, 1111 S. Edwin C. Moses Blvd., Dayton, OH 45422

COMPLETED CHILD SUPPORT FINANCIAL AFFIDAVIT – included with Notice of Hearing

PAY STUBS:

- Past **6 MONTHS** of pay stubs; handwritten receipts or bank statements are **NOT** acceptable

If you are **SELF-EMPLOYED**, OR
If you have **RENTAL PROPERTY** or **INVESTMENT INCOME**, OR
If you earn variable **COMMISSIONS** or **BONUSES**

You **MUST** provide:

- **FEDERAL TAX RETURNS** for the **LAST 3 YEARS**, including **ALL SCHEDULES** and **ATTACHMENTS** (e.g. W-2s, 1099s, Schedule C).

If you have private **HEALTH INSURANCE**, OR
If health insurance is **AVAILABLE THROUGH YOUR EMPLOYER**:

You **MUST** provide:

- The **NAME & ADDRESS** of the **HEALTH INSURANCE PROVIDER**
- your **OUT-OF-POCKET COST** to provide the health care coverage for the child/ren (Family or Employee + Child). Obtain from Open Enrollment booklet or your HR Dept.

Evidence of **CHILDCARE COSTS**, including:

- 1) a **SIGNED AND NOTARIZED STATEMENT** from your sitter, OR
- 2) a **STATEMENT** on your daycare provider's **LETTERHEAD**, OR
- 3) a **JFS CHILD CARE NOTICE** (if you receive **TITLE XX**)

Your evidence **MUST** include:

- 1) The childcare provider's **CONTACT** information
- 2) The **NAME(S) and AGES** of the child/ren cared for
- 3) Your **OUT-OF-POCKET EXPENSES** (broken down **PER CHILD**)
- 4) The **HOURS PER WEEK** your child/ren are cared for
- 5) The **NUMBER OF WEEKS PER YEAR** your child/ren are cared for

If you are a **STUDENT**, you **MUST** provide:

- A **CLASS SCHEDULE** for the **CURRENT TERM**

If you have a medical condition that prohibits or limits your ability to maintain employment, you **MUST** provide a JFS 07302 or similar document, **signed by a DOCTOR within the past SIX (6) MONTHS**, which states **ALL** of the following:

- 1) You cannot work;
- 2) The time period during which you cannot work (the number of weeks, months, years);
- 3) Whether you can work, but with limitations in your physical abilities or time;
- 4) The doctor's printed name and address.