

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

### APPLICATION FOR CHILD SUPPORT SERVICES

I, \_\_\_\_\_ (First, MI, Last), 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. Montgomery County does not collect this fee.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibilities 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.

**\*\*A separate application is needed for each father (or possible father). \*\***

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Relationship Status:  Single  Married  
 Divorced  Separated

Do you need an interpreter?  Yes  No If yes, what language? \_\_\_\_\_

Are you a refugee?  Yes  No

Relationship to Children:  Mother  Father

Does the child live with you?  Yes  No

If no, who does the child live with? \_\_\_\_\_

If you are the child's mother or father, please complete the following information about yourself:

Any Military Service: \_\_\_\_\_ Military Branch: \_\_\_\_\_

Dates of Military Service : \_\_\_\_\_

Ever been on Public Assistance?  Yes  No If yes, when \_\_\_\_\_

AND where? \_\_\_\_\_

Enrolled in school?  Yes  No If yes, where? \_\_\_\_\_

Are you employed?  Yes  No If yes, Employer Name: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_ Employer Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is Medical Insurance Available through your employer?  Yes  No

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? \_\_\_\_\_

Have you requested child support services in any other state?  Yes  No

If yes, which state? \_\_\_\_\_

Do you have a support order for the child/children?  Yes  No

If yes, location where order was issued: \_\_\_\_\_

Support Order #: \_\_\_\_\_ Date of Support Order: \_\_\_\_\_

Amount of Support: \_\_\_\_\_ Order Frequency: \_\_\_\_\_

Is there a restraining order in place?  Yes  No

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

Have you EVER been married to anyone?  Yes  No

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

Name of Spouse: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

AND Date of Marriage: \_\_\_\_\_

Are you divorced/separated? If yes, date of divorce/separation: \_\_\_\_\_

AND place of divorce: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

AND Date of Marriage: \_\_\_\_\_

Are you divorced/separated? If yes, date of divorce/separation: \_\_\_\_\_

AND place of divorce: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

AND Date of Marriage: \_\_\_\_\_

Are you divorced/separated? If yes, date of divorce/separation: \_\_\_\_\_

AND place of divorce: \_\_\_\_\_

If divorce is pending, please provide:

Attorney's Name: \_\_\_\_\_ Attorney's Phone #: \_\_\_\_\_

**Children with the named non-custodial parent on this application.**

**CHILD 1:**

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Location of Birth: Country \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_

City/State of conception: \_\_\_\_\_

Has Paternity (Fatherhood) been established? (Did the non-custodial parent sign the birth certificate or paternity affidavit?):  Yes  No

Could anyone else possibly be the father?  Yes  No

If yes, name: \_\_\_\_\_

**If yes, please complete an application for that possible father.**

Is the Child covered by Medical Insurance? \_\_\_\_\_

Do you have legal custody of this child?  Yes  No (Please provide court order if applicable.)

If no, who does? \_\_\_\_\_

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

Have you ever been involved with Children's Services regarding 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: \_\_\_\_\_

**CHILD 2:**

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Location of Birth: Country \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_

City/State of conception: \_\_\_\_\_

Has Paternity (Fatherhood) been Established? (Did the non-custodial parent sign the birth certificate or paternity affidavit?):  Yes  No

Could anyone else possibly be the father?  Yes  No

If yes, name: \_\_\_\_\_

**If yes, please complete an application for that possible father.**

Is the Child covered by medical insurance? \_\_\_\_\_

Do you have legal custody of this child?  Yes  No (Please provide court order if applicable.)

If no, who does? \_\_\_\_\_

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

Have you ever been involved with Children's Services regarding 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

**CHILD 3:**

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Location of Birth: Country \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_

City/State of conception: \_\_\_\_\_

Has Paternity (Fatherhood) been Established? (Did the non-custodial parent sign the birth certificate or paternity affidavit?):  Yes  No

Could anyone else possibly be the father?  Yes  No

If yes, name: \_\_\_\_\_

**If yes, please complete an application for that possible father.**

Is the Child covered by Medical Insurance? \_\_\_\_\_

Do you have legal custody of this child?  Yes  No (Please provide court order if applicable.)

If no, who does? \_\_\_\_\_

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

Have you ever been involved with Children's Services regarding 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

Additional children should be attached on a separate sheet of paper.

### ABSENT PARENT INFORMATION

Name: _____	Maiden Name/Alias: _____
Home Address: _____	Mailing Address: _____
_____	_____
_____	_____
Last Known Address: _____	Phone #: _____
_____	Social Security #: _____
_____	Date of Birth: _____

Location of Birth (City, State, Country): \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Identifying Marks (tattoos, scars, piercings): \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated

Please state spouse's name

AND spouse's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Address/Phone # of NCP's Current Employer: \_\_\_\_\_

\_\_\_\_\_

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**OR**

Name/Address/Phone # of Last Known Employer: \_\_\_\_\_

Is medical insurance provided by the non-custodial parent?  Yes  No

Is the non-custodial parent attending school?  Yes  No  
Where? \_\_\_\_\_

Non-custodial parent's father's name: \_\_\_\_\_  
address: \_\_\_\_\_

phone #: \_\_\_\_\_

Non-custodial parent's mother's name: \_\_\_\_\_  
address: \_\_\_\_\_

phone #: \_\_\_\_\_

Does the non-custodial parent receive any of the following?

- Public Assistance       Unemployment       Worker's Compensation  
 Social Security       VA Benefits

If so, which city/state? \_\_\_\_\_

Has the non-custodial parent served in the military?  Yes  No  
If yes, which branch? \_\_\_\_\_ Dates of service? \_\_\_\_\_

Has the non-custodial parent ever had a driver's license?  Yes  No  
If so, which state? \_\_\_\_\_

Does the non-custodial parent own a car?  Yes  No  
If so, do you know year and make? \_\_\_\_\_

Does the non-custodial parent have an arrest record?  Yes  No  
If so, location: \_\_\_\_\_  
AND dates of incarceration: \_\_\_\_\_

Is the non-custodial parent in jail?  Yes  No

If so, where? \_\_\_\_\_

Has the non-custodial parent ever been incarcerated?  Yes  No

If so, where? \_\_\_\_\_

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

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

If yes, child's full name, approximate age of child, name of children's other parent:

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Is the non-custodial parent deceased?  Yes  No

If yes, please provide city, state, county and date of death:

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Type(s) of Service(s) requested:

- All Services Listed

- Location of Absent Parent Only

- Other (please explain) \_\_\_\_\_

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To better service your case, please attach copies of your child(s) birth certificate(s), copies of all marriage licenses, copies of all divorce decrees, and any custody orders regarding the child/children.

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.

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 (or legal custodian if a minor): \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Minor Parent's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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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Ohio Department of Job and Family Services  
**EXPLANATION OF STATE HEARING PROCEDURES**

**What is a State Hearing?**

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the County Department of Job and Family Services (CDJFS), the County Child Support Enforcement Agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think the action is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

**How to Ask for a Hearing**

To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, you will receive a state hearing request form. Fill out the request form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food assistance, you may request a hearing on the amount of your food assistance at any time during your certification period.

If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

**How to Request a Telephone Hearing**

If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day of your hearing at the scheduled time for your hearing at the telephone number you provide.

**Continuing Assistance or Services**

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, you must request a state hearing within 15 days of receiving that notice in order to continue receiving your benefits until your hearing decision is issued.

In the food assistance program, your benefits will not continue if you were denied or if the certification period has expired. After the certification period, you must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquire if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

**County Conference**

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your county worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

**When Will the Hearing be Held?**

After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice will also tell you what to do if you cannot come to the hearing as scheduled.

**Where are Hearings Held?**

Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place that is convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that in your hearing request.

**Postponement of the Hearing**

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food assistance program, postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

### **If You Do Not Attend the Hearing**

The Bureau of State Hearings will send you a dismissal notice if you do not come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing along with any verification. Verifications are documents or papers that prove why you missed your scheduled hearing. Once you have submitted your good cause verification, the hearing authority will decide if the documentation you provide is sufficient. If you do not call within 10 days and show good cause or proof for missing the hearing, it will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

### **Before the Hearing**

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you do not know how to reach your local aid office, call 866-529-6446 (866-LAW-OHIO), toll-free, for the local number or search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>. If you want notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings your lawyer's name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or receiving copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

### **Subpoena**

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want to subpoena.

### **At the Hearing**

You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail issued by the hearing authority.

### **Group Hearings**

The Bureau of State Hearings may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

### **After the Hearing**

You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food assistance, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

### **Compliance with the Hearing Decision**

If the hearing decision orders an increase in your food assistance, you should get the increase about 10 days from the decision date. If the decision orders a decrease in your food assistance, you should get the new, smaller amount the next time you regularly get food assistance.

In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

### **Another Action Requires Another Hearing**

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or hearing decision, you must ask for another hearing if you disagree with the new action. A separate hearing will be conducted on the new notice.