



BUTLER COUNTY CHILD SUPPORT ENFORCEMENT

315 High Street, 7th Floor, Hamilton, Ohio 45011

phone: 513.887.3362 | fax: 513.887.3699

web: csea.bcoho.us

Welcome to the Butler County Child Support Enforcement Agency (CSEA). Enclosed you will find an application and questionnaire for child support services. Please thoroughly complete all the attached pages, sign and date the document and return it to the agency.

It will also be necessary for you to send us a copy of any court orders pertaining to the child. Additionally, an "Explanation of State Hearing Procedures" and "Your Rights and Responsibilities" are attached. Please read both forms carefully then sign the ODHS 7012 (Explanation of State Hearing Procedures) and return along with your application.

It is essential to complete this process and return the documents in a timely manner so that you may receive the full range of child support services available to you. The forms must be completed whether or not the alleged father has signed the birth certificate. A postage paid envelope is enclosed for your convenience.

Our goal at the CSEA is to provide you with the best service possible. Next to public education, no other program touches the lives of more children than the child support program and we look forward to working with you.

If you have any questions, please feel free to contact our agency at (513) 887-3362 or visit us online at csea.bcoho.us. Once you have an open case, you can also visit the state of Ohio's customer service web portal at www.jfs.ohio.gov/ocs where you can print off payment histories, get answers to frequently asked questions and more.

Thank you for your cooperation. We look forward to assisting you through the child support process.

BUTLER COUNTY CSEA
315 HIGH STREET, 7TH FLOOR, HAMILTON, OH 45011
PHONE: 513-887-3362

DATE:
APPLICATION NUMBER:

APPLICANT NAME
ADDRESS
ADDRESS

APPLICATION AND QUESTIONNAIRE FOR CHILD SUPPORT SERVICES

The Child Support program aims to provide services to help families by promoting family self-sufficiency and child well-being. Services are available to either parent when one parent is living outside the home. Services are also available to caretakers of children. Services are available automatically for families receiving assistance under the Ohio Works First (OWF) program.

The child support enforcement agency (CSEA) can assist you with the following services:

1. Establishment of Paternity – Legally Identifying a Child's Father

The CSEA can assist in establishing paternity (legal fatherhood) if there has not been a final and enforceable determination of paternity for the child.

2. Establishment or Adjustment of Child Support and Medical Support Orders

The CSEA can assist in obtaining an order for child support and medical support. A support order establishes how much a parent should pay for child support. It also allocates the costs of providing for the health care of the child between the parents. The CSEA can assist in modifying a support order (review and adjustment) every 36 months or sooner if there is a qualifying change in circumstances.

3. Enforcement of Support Orders

The CSEA can assist in collecting and disbursing current and past due support, as well as enforcing medical support orders. The parent ordered to pay support (obligor), will be required to pay child support by income withholding. The CSEA will issue income withholding orders to collect support from the parent's wages and/or unearned income. Overdue support may also be collected from Federal or state income tax refunds and liens placed on property. In addition, when past-due support is owed, the following may occur:

- Unpaid child support may be reported automatically to credit reporting bureaus
- Driver's, professional, occupational and recreational licenses may be suspended if the obligated parent is not paying the required support
- The U.S. State Department will deny a passport to a parent who owes more than \$2,500 in back child support
- Funds may be seized from accounts in financial institutions
- Court actions, such as contempt, and possibly criminal actions may be taken against chronic delinquent parents

4. Location of Parents

The CSEA can use available information to locate parents and their income and assets. The applicant can request "Location Only Services," if the sole need is to find the whereabouts of the non-residential parent.

Child Support Services Requested:

- All child support services available Location of non-residential parent only Paternity Only
- Other (please explain): _____

PLEASE READ BEFORE SIGNING

RIGHTS AND RESPONSIBILITIES

Confidentiality of Case Material

You have the right to see the parts of your file at the CSEA about you and the actions 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 an action, lack of action or delay by the CSEA, you may request a state hearing.

OWF Participants

As a condition of eligibility to receive Ohio Works First (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 CSEA in getting support payments and any other payments. If you fail to cooperate without good cause (determined by the 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 IRS are applied to repay OWF benefits before being applied to support payable to the household.

Medicaid Participants

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

Fees

There is an application fee of one dollar for applicants not receiving OWF or IV-E foster care benefits. Some counties waive this fee for the applicants.

Child Support Overpayments

An overpayment is child support that you are not entitled to keep because you have assigned your rights to support to ODJFS, the payment was made to you instead of ODJFS, or the payment was sent to you in error by ODJFS. You may be personally liable for returning any amounts paid in error, including amounts that must be returned because the IRS or ODT accepts an amended tax return or complaint from the non-obligated spouse. In tax refund situations you may be required to sign an affidavit attesting to the amount of support arrears.

The child support agency has provided sufficient information regarding the services available and my responsibilities.

I declare that I have examined this application and, to the best of my knowledge and belief, it is a true and correct statement of every material point.

I understand that the CSEA, its staff, and any of its contracted agencies, represent only the county and the State of Ohio, and do not represent me, either parent, the child(ren), or other custodian of the children.

I understand that within 20 days of receiving this completed and signed application and questionnaire, the CSEA will send a written notice informing me whether my application for Title IV-D child support services has been accepted.

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian if Applicant is a Minor : _____ **Print Name:** _____ **Date:** _____

Ohio Child Support Website and Customer Service Portal available at www.jfs.ohio.gov/ocs

If you are receiving a type of public assistance that requires cooperation with Child Support, you are required to complete and sign this questionnaire and to cooperate with the CSEA in establishing paternity or in establishing, modifying, or enforcing a support order. Unless the CSEA approves a good cause waiver of cooperation, failure to cooperate could result in delay, denial, and/or termination of your public assistance benefits.

INSTRUCTIONS

PLEASE COMPLETE EACH APPLICABLE FIELD CLEARLY, PROVIDING THE MOST INFORMATION YOU CAN, INCLUDING ANY PARTIAL INFORMATION. PLEASE SUPPLY COPIES OF ALL PERTINENT INFORMATION LISTED IN THE CHECKLIST ON THE LAST PAGE OF THE APPLICATION. SIGNATURES ARE REQUIRED ON PAGES 2 AND 5.

Butler County Child Support Enforcement Agency

Parentage and/or Support Establishment Information Sheet

Case No. _____

*** THE CSEA DOES NOT VALIDATE PARKING FOR THE PARKING GARAGE ***

YOU MUST COMPLETE AND RETURN THIS PACKET - These questions are personal, but you are still required to answer them. If you are not the child(ren's) mother or alleged father, please answer them to the best of your ability.

YOUR First Name:	Middle Name:	Last Name:	Maiden Name:
Your street address:		City:	State:
Your date of birth:		Your SS#:	Your phone #: ()

Do you have an e-mail address? Yes, No

If yes, what your email address? _____

How do you prefer to receive your agency notices/hearing notices: US mail or E-mail

Child # 1 listed on this case:	Child # 2 listed on this case:	Child # 3 listed on this case:
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Do the MOTHER and FATHER of this child(ren) currently live together? Yes No

**** Do you wish to pursue child support and/or a medical order?** Yes No

Please note, if you are receiving OWF/Medical Assistance, we will pursue an order if the father is not on your ODJFS grant.

Are they currently married to each other? Yes No

If yes what is the date and place of marriage? _____

If the MOTHER and FATHER are not currently married, were they ever married to each other?

Yes No **If yes date of marriage?** _____

Are the MOTHER and FATHER now divorced? Yes No

Name county and state of divorce _____

Do the MOTHER and FATHER have a divorce pending? Yes No

Name county and state the divorce is filed in _____

Does the MOTHER and/or FATHER currently have child support ordered for this child(ren)? Yes No

If yes, name county and state? _____

Did the MOTHER of this child(ren) have sexual intercourse with anyone else 2 months before or 2 months after becoming pregnant? Yes No

If yes with whom? _____

If there is more than one possible father, please provide all the information requested on page 3 on a separate sheet of paper for each.

Did the act of sexual intercourse which caused the MOTHER to become pregnant take place in the State of Ohio?

Yes No, **If no in what state?** _____

Have the child(ren) ever had DNA testing completed? Yes No

If yes when and where? _____

Once completed, please return form to: **Butler County CSEA 315 High Street, 7th Floor, Hamilton OH 45011**. A self-addressed postage paid envelope is enclosed for your convenience. I have fully answered the questions on this form. The answers are true to the best of my knowledge. I understand that it may constitute a crime if I provide false or misleading information. If I decide to hire a private attorney, legal fees will be my responsibility. I understand that the CSEA and its Staff Attorney's represent the State of Ohio and not myself. I understand that I must fully cooperate with the CSEA, including appearing at all hearings and appointments scheduled. If I am receiving either ADC/TANF/OWF or Medicaid/Care Source, I understand that failing to cooperate with the CSEA may also affect my ADC/TANF/OWF and/or Medicaid/Care Source.

I HAVE FULLY READ AND UNDERSTAND THE CONTENTS OF THIS PACKET. BY SIGNING BELOW, I AGREE TO WAIVE FORMAL SERVICE BY PERSONAL, RESIDENTIAL, AND/OR CERTIFIED MAIL AND AGREE TO BE SERVED BY ORDINARY MAIL SENT TO MY LAST KNOWN ADDRESS.

Your Signature

Date

CHILD # 1 INFORMATION: Please provide a copy of the birth certificate for this child.

Child's First Name:	Middle Name:	Last Name:	Suffix (Jr., 2 nd , Etc.)
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security #:	

What is YOUR relationship to this child? Mother Father Caretaker/Legal guardian.
 Is this child currently living with you? Yes No, **the child is living with?** _____
 Their address (including city, state & zip) is: _____
 Did anyone sign as the father on the child's birth certificate? Yes No **(please list the name and address below)**
 Person named as the father on the birth certificate. _____
 What is his address (including city, state and zip code)? _____
 At what hospital was this child born? _____
 Who was the doctor of delivery? _____
 Were the birthing expenses paid for by state medicaid/medical card/care source? Yes No
 Have you ever been to court before regarding this child? Yes No
(If yes, check which Court below, and provide a copy of the order)
 Juvenile Domestic Relations CSEA Probate Court
 What city? _____ State? _____ County? _____ Case #? _____
 Do you have legal custody of this child? Yes No
If yes provide a copy of your order / If no who has legal custody? _____
 Have you ever been involved with Children Services regarding this child? Yes No
If yes please explain below:
 Explanation: _____

CHILD # 2 INFORMATION: Please provide a copy of the birth certificate for this child.

Child's First Name:	Middle Name:	Last Name:	Suffix (Jr., 2 nd , Etc.)
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security #:	

What is YOUR relationship to this child? Mother Father Caretaker/Legal guardian.
 Is this child currently living with you? Yes No, **the child is living with?** _____
 Their address (including city, state & zip) is: _____
 Did anyone sign as the father on the child's birth certificate? Yes No
 Person named as the father on the birth certificate. _____
 What is his address (including city, state and zip code)? _____
 At what hospital was this child born? _____
 Who was the doctor of delivery? _____
 Were the birthing expenses paid for by state medicaid/medical card/care source? Yes No
 Have you ever been to court before regarding this child? Yes No
(If yes, check which Court below, and provide a copy of the order)
 Juvenile Domestic Relations CSEA Probate Court
 What city? _____ State? _____ County? _____ Case #? _____
 Do you have legal custody of this child? Yes No
If yes provide a copy of your order / If no who has legal custody? _____
 Have you ever been involved with Children Services regarding this child? Yes No
If yes please explain below:
 Explanation: _____

CHILD # 3 INFORMATION: Please provide a copy of the birth certificate for this child.

Child's First Name:	Middle Name:	Last Name:	Suffix (Jr., 2 nd , Etc.)
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security #:	

What is YOUR relationship to this child? Mother Father Caretaker/Legal guardian.
 Is this child currently living with you? Yes No, **the child is living with?** _____
 Their address (including city, state & zip) is: _____
 Did anyone sign as the father on the child's birth certificate? Yes No
 Person named as the father on the birth certificate. _____
 What is his address (including city, state and zip code)? _____

At what hospital was this child born? _____
 Who was the doctor of delivery? _____
 Were the birthing expenses paid for by state medicaid/medical card/care source? Yes No
 Have you ever been to court before regarding this child? Yes No

(If yes, check which Court below, and provide a copy of the order)

Juvenile Domestic Relations CSEA Probate Court

What city? _____ State? _____ County? _____ Case #? _____

Do you have legal custody of this child? Yes No

If yes provide a copy of your order / If no who has legal custody? _____

Have you ever been involved with Children Services regarding this child? Yes No

If yes please explain below:

Explanation: _____

CHILD # 4 INFORMATION: Please provide a copy of the birth certificate for this child.

Child's First Name:	Middle Name:	Last Name:	Suffix (Jr., 2 nd , Etc.)
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security #:	

What is YOUR relationship to this child? Mother Father Caretaker/Legal guardian.
 Is this child currently living with you? Yes No, **the child is living with?** _____
 Their address (including city, state & zip) is: _____
 Did anyone sign as the father on the child's birth certificate? Yes No
 Person named as the father on the birth certificate. _____
 What is his address (including city, state and zip code)? _____

At what hospital was this child born? _____
 Who was the doctor of delivery? _____
 Were the birthing expenses paid for by state medicaid/medical card/care source? Yes No
 Have you ever been to court before regarding this child? Yes No

(If yes, check which Court below, and provide a copy of the order)

Juvenile Domestic Relations CSEA Probate Court

What city? _____ State? _____ County? _____ Case #? _____

Do you have legal custody of this child? Yes No

If yes provide a copy of your order / If no who has legal custody? _____

Have you ever been involved with Children Services regarding this child? Yes No

If yes please explain below:

Explanation: _____

Information about the child(ren's) FATHER

FATHER'S First Name:		Middle Name:		Last Name:	
Current Street address:			City:	State:	Zip Code:
Date of birth:	SS#:	Home phone #: ()		Cell phone #: ()	
Is the child's FATHER currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Annual income: \$	
Name of FATHER'S employer:					
Employer Address (including city, state & zip):				Employer Phone: ()	
Height:		Weight:		Race:	
Hair color:		Eye color:		Scars/tattoos:	

Does this child(ren's) FATHER have an e-mail address? Yes No

If yes what is the email address? _____

Alias/Nickname(s) for the FATHER? _____

If the date of birth is unknown give age and month born: _____

Where was HE born? _____

If the present address is unknown, provide HIS last known address (include city, state and zip code):

If the present employer is unknown, provide HIS past employer and address including city, state and zip code (even if SHE was only employed for one day)? _____

Is there a protection order/restraining order against HIM? Yes No

If yes give the place and date? _____

Has the father ever served in the Military? Yes No

If yes, what branch/date? _____

If yes, do we have your permission to provide contact information to the Veteran Services Commission? Yes No

If yes, please sign here: X _____

Please list a telephone number for a member of the Veteran Services Commission to contact you: _____

Please check any of the following HE may have ever received and name the State where the benefits were received:

Welfare/GR Unemployment Worker's Compensation Social Security Veteran's Benefit

Specify any benefits HE is currently receiving: _____

Does HE own any property? Yes No

If yes list address, city and state: _____

Is HE currently incarcerated? Yes No

If yes give the place and date: _____

Has he been incarcerated before if not currently incarcerated? Yes No

When and where? _____

Does HE visit the child(ren)? Yes No

If yes how often? _____

Does HE receive mail at this child(ren's) MOTHER'S present address? Yes No

Has the FATHER ever lived with the MOTHER? Yes No

If yes where and when? _____

When and where was the last contact you had contact with HIM? _____

Provide the name of the school and graduation year or last year attended by HIM:

List all States where HE has lived, along with all known addresses:

List all states where HE may have or had a driver's license:

Has HE ever provided money, food, clothing, gifts, etc., for the children? Yes No

If yes what/when? _____

Is the FATHER for this child(ren) now or has HE ever been married to someone else? Yes No Unknown

If yes, to whom? _____ Date of marriage? _____

County and state? _____

Is the FATHER now divorced? Yes No Unknown

If yes, to whom? _____ Date of divorce? _____

County and state? _____

Complete the following if HE has any other child(ren) not related to this case (include the city and state where they live).

Child's Name: _____ DOB: _____

City and State where that child currently resides: _____

Other parent name: _____

Information about the child(ren's) MOTHER (Please provide a copy of the MOTHER'S birth certificate)

MOTHER'S First Name:		Middle Name:	Last Name:	Maiden Name:
Current Address			City:	State:
			Zip Code:	
Date of birth:	SS#:	Home phone #: ()		Cell phone #: ()
Is the child's MOTHER currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Annual income: \$	
Name of mother's employer:				
Employer Address (including city, state & zip):			Employer Phone: ()	
Height:		Weight:		Race:
Hair color:		Eye color:		Scars/tattoos:

Does this child(ren's) MOTHER have an e-mail address? Yes No

If yes what is the email address? _____

Alias/Nickname(s) for the MOTHER? _____

If the date of birth is unknown, give age and month born: _____

Where was SHE born? _____

If the present address is unknown, provide HER last known address (include city, state and zip code):

If the present employer is unknown, provide HER past employer and address including city, state and zip code (even if SHE was only employed for one day):

Is there a protection order/restraining order against HER? Yes No

If yes give the place and date? _____

Has the mother ever served in the Military? Yes, No

If yes, what branch/date? _____

If yes, do we have your permission to provide contact information to the Veteran Services Commission? Yes No

If yes, please sign here: X _____

Please list a telephone number for a member of the Veteran Services Commission to contact you: _____

Please check any of the following SHE may have ever received and name the State where the benefits were received:

- Welfare/GR Unemployment Worker's Compensation Social Security Veteran's Benefit

Specify any benefits she is current receiving: _____

Does SHE own any property? Yes No

If yes list address, city and state: _____

Is SHE currently incarcerated? Yes No

If yes give the place and date: _____

Has SHE been incarcerated before if not currently incarcerated? Yes No

When and where? _____

Does SHE visit the child(ren)? Yes No

If yes how often? _____

Does SHE receive mail at this child(ren's) FATHER'S present address? Yes No

Has the MOTHER ever lived with the FATHER? Yes No

If yes where and when? _____

When did you last have contact with HER? _____

Provide the name of the school and graduation year or last year attended by HER:

List all States where SHE has lived, along with all known addresses: _____

List all States where SHE may have or had a driver's license: _____

Has SHE ever provided money, food, clothing, gifts, etc., for the children? Yes No

If yes what/when? _____

Is the MOTHER for this child(ren) now or has SHE ever been married to someone else? Yes No Unknown

If yes, to whom? _____ Date of marriage? _____

County and state? _____

Is the MOTHER now divorced? Yes No Unknown

If yes, to whom? _____ Date of divorce? _____

County and state? _____

Complete the following if SHE has any other child(ren) not related to this case (include the city and state where they live).

Child's Name: _____ DOB: _____

City and State where that child currently resides: _____ Other parent name: _____

Please provide the name and address of **both parents of the mother of the child.**

MOTHER'S mother (maternal grandmother):	Date of Birth:	Phone #: ()	
Street address:	City:	State:	Zip Code:
MOTHER'S father (maternal grandfather):	Date of Birth:	Phone #: ()	
Street address:	City:	State:	Zip Code:

If the MOTHER of this child is a minor and SHE is not currently residing with HER mother and/or father, who is the MOTHER'S legal guardian?
 Name: _____ Phone #: () _____ Relationship to guardian? _____

Address: _____ City: _____ State: _____ Zip: _____

Please provide the name and address of **both parents of the father of the child.**

FATHER'S mother (paternal grandmother):	Date of Birth:	Phone #: ()	
Street address:	City:	State:	Zip Code:
FATHER'S father (paternal grandfather):	Date of Birth:	Phone #: ()	
Street address:	City:	State:	Zip Code:

If the FATHER of this child is a minor and HE is not currently residing with HIS mother and/or father, who is the FATHER'S legal guardian?

Name: _____ Phone #: () _____ Relationship to guardian? _____

Address: _____ City: _____ State: _____ Zip: _____

Other pertinent information related to this case:

**** PLEASE REMEMBER, IF YOU FAIL TO COMPLETE AND RETURN THIS PACKET YOU MAY BE SANCTIONED FROM YOUR ODJFS BENEFITS ****

REMEMBER TO PROVIDE THE FOLLOWING:

- √ The enclosed packet (it must be completed to the best of your ability).
- √ Any and all court orders pertaining to this child(ren).
- √ The **birth certificate** and **social security cards** for this child(ren) and for the mother of the child(ren).

THANK YOU!