Marion County CSEA 620 Leader Street Marion OH 43302 (740) 387-6688

Name:			
Address:			
City:	State:	Zip:	
Phone:			

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

	RTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for support services when you signed the ADC/Medicaid application.
I,	, request child support services from the Marion CSEA (Child
Suppo	ort 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,

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

1. Location of Absent Parents.

recipient's personal interest.

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.

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

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.

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APPLICANT INFORMATION

	Mailing Address:	
	Sex:	
	Single	Married
	Divorced	☐ Separated
	Ever been on	
	Public Assistance?	
	(When and Where)	
EMPLOYE	R INFORMATION	
	Employer Phone #:	
	Is Medical	
SS:		
CHILD 1	CHILD 2	CHILD 3
	EMPLOYE	Single Divorced Ever been on Public Assistance? (When and Where) EMPLOYER INFORMATION Employer Phone #: Is Medical Insurance Available?

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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 PAR	ENT 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:			

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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) Rec	nuested:		
All services	_		
Location of	absent parent only		
Other (pleas			
I understand that the Chil	d Support Agency within 20 days of eccepted for child support services (IV	receiving this application will conta V-D Services).	ct me by a written notice to inform
Signature of Applicant: _		I	Date:

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