

**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT (ODJFS 7076)**

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

I, _____ (print name) request child support services from the Morrow County Office of Child Support, 619 W. Marion Rd. Mt. Gilead, Ohio 43338. I understand and agree to the following conditions:

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. Recipients of child support services shall cooperate to the best of their ability with the CSEA.

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 Modification of Child Support and Medical Support.

* The CSEA can assist you in obtaining 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(modification), and to establish a medical support order.

3. Enforcement of Existing Orders.

* The CSEA can help you collect current and back child support.

4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.

* The agency can collect back support (arrearages) by intercepting a obligor's federal and state income tax refunds on 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 back 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 in Ohio until the child has reached the age of 23.

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. Back support collected will be paid to you until all of the back 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: _____ Sex: _____ SSN: _____ Race: _____

Current Marital Status: ___ Divorced ___ Separated ___ Single ___ Married

Relationship children: _____

Military Service ___ Y ___ N Branch: _____ dates of service _____

Ever been on Public Assistance? ___ Y ___ N When? _____
Which State? _____

EMPLOYER INFORMATION

Employer Name: _____ Employer Phone: _____

Employer Address: _____

Is Medical Insurance Available? ___ Y ___ N

INFORMATION ON CHILD(REN)

	CHILD 1	CHILD 2	CHILD3
Name:			
Sex:			
Social Security #:			
Date of Birth:			
Home address:			
City			
State, Zip			
Location of birth (county, city, state country)			
Has Paternity (fatherhood) been established?			
Is there an order for support?			
Is the child covered by medical health insurance?			

ABSENT PARENT INFORMATION
 (parent not in the home of child(ren) listed on page 3)

	ABSENT PARENT 1	ABSENT PARENT 2	ABSENT PARENT 3
Name: (include any aliases used)			
Home address:			
City			
State, Zip			
Mailing Address:			
City			
State, Zip			
Social Security #:			
Date of Birth:			
Location of birth (county, city, state country)			
Race:			
Sex:			
Height/Weight:			
Identifying marks:(Tattoos, Scars, etc.)			
Name of Employer			
Address of Employer:			
City			
State, Zip			
Employer Phone #:			
Is medical insurance being provided by this parent?			

ABSENT PARENT INFORMATION
 (parent not in the home of child(ren) listed on page 3)

	ABSENT PARENT 1	ABSENT PARENT 2	ABSENT PARENT 3
Does this parent have a support order to you?			
Date of the Support Order:			
Amount of the Support Order			
Location where the support order was issued: (county, state)			
Military Service: (Branch and dates)			
Parent ever incarcerated?: (location and dates)			
Parent Currently in an Institution? (if yes, provide location)			
Arrest Record: (location and dates)			
Name and address of current spouse:			
Absent parent's Fathers name:			
Absent parent's Mothers Name:			
Has the absent parent ever been on public assistance? (county , state and 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: _____