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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.

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 on the web at www.butlercountycsea.org. 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.

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:	Zip Code:
Your date of birth:	Your SS#:	Your phone #: ()		

Do you have an e-mail address? Yes, **If yes, what is the email address?** _____ No
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 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.

1. Do the MOTHER and FATHER of this child(ren) currently live together? Yes No
2. Are they currently married to each other? Yes **If yes what is the date and place of marriage?** _____ No
3. If the MOTHER and FATHER are not currently married, were they ever married to each other?
 Yes, **If yes date of marriage?** _____ No
4. Are the MOTHER and FATHER now divorced? Yes, _____ No
Name county and state of divorce
5. Do the MOTHER and FATHER have a divorce pending? Yes, _____ No
Name county and state the divorce is filed in
6. Does the MOTHER and/or FATHER currently have child support ordered for this child(ren)?
 Yes, **If yes, name county and state?** _____ No
7. Did the MOTHER of this child(ren) have sexual intercourse with anyone else 2 months before or 2 months after becoming pregnant?
 Yes, **If yes with whom?** _____ No
- 8. 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.**
9. 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?** _____
10. Have the child(ren) ever had DNA testing completed? Yes, **If yes when and where?** _____ No

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 #:	

1. What is YOUR relationship to this child? Mother Father Caretaker/Legal guardian.

2. Is this child currently living with you? Yes No, **the child is living with?** _____

3. Their address (including city, state & zip) is: _____

4. Did anyone sign as the father on the child's birth certificate? Yes (**please list the name and address below**) No

5. Person named as the father on the birth certificate? _____

6. His address (including city, state and zip code)? _____

7. At what hospital was this child born? _____ Who was the doctor of delivery? _____

8. Were the birthing expenses paid for by state medicaid/medical card/care source? Yes No

9. Have you ever been to court before regarding this child? Yes (**If yes, check which Court below, and provide a copy of the order**) No Juvenile Domestic Relations CSEA Probate Court
 What city? _____ State? _____ County? _____ Case #? _____

10. Do you have legal custody of this child? Yes, **If yes provide a copy of your order**
 No, **If no who has legal custody?** _____

11. Have you ever been involved with Children Services regarding this child? Yes, **If yes please explain below:** No
 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 #:	

1. What is YOUR relationship to this child? Mother Father Caretaker/Legal guardian.

2. Is this child currently living with you? Yes No, **the child is living with?** _____

3. Their address (including city, state & zip) is: _____

4. Did anyone sign as the father on the child's birth certificate? Yes (**please list the name and address below**) No

5. Person named as the father on the birth certificate? _____

6. His address (including city, state and zip code)? _____

7. At what hospital was this child born? _____ Who was the doctor of delivery? _____

8. Were the birthing expenses paid for by state medicaid/medical card/care source? Yes No

9. Have you ever been to court before regarding this child? Yes (**If yes, check which Court below, and provide a copy of the order**) No Juvenile Domestic Relations CSEA Probate Court
 What city? _____ State? _____ County? _____ Case #? _____

10. Do you have legal custody of this child? Yes, **If yes provide a copy of your order**
 No, **If no who has legal custody?** _____

11. Have you ever been involved with Children Services regarding this child? Yes, **If yes please explain below:** No
 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 #:	

1. What is YOUR relationship to this child? Mother Father Caretaker/Legal guardian.

2. Is this child currently living with you? Yes No, **the child is living with?** _____

3. Their address (including city, state & zip) is: _____

4. Did anyone sign as the father on the child's birth certificate? Yes (**please list the name and address below**) No

5. Person named as the father on the birth certificate? _____

6. His address (including city, state and zip code)? _____

7. At what hospital was this child born? _____ Who was the doctor of delivery? _____

8. Were the birthing expenses paid for by state medicaid/medical card/care source? Yes No

9. Have you ever been to court before regarding this child? Yes (**If yes, check which Court below, and provide a copy of the order**) No Juvenile Domestic Relations CSEA Probate Court
 What city? _____ State? _____ County? _____ Case #? _____

10. Do you have legal custody of this child? Yes, **If yes provide a copy of your order**
 No, **If no who has legal custody?** _____

11. Have you ever been involved with Children Services regarding this child? Yes, **If yes please explain below:** No
 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 #:	

1. What is YOUR relationship to this child? Mother Father Caretaker/Legal guardian.

2. Is this child currently living with you? Yes No, **the child is living with?** _____

3. Their address (including city, state & zip) is: _____

4. Did anyone sign as the father on the child's birth certificate? Yes (**please list the name and address below**) No

5. Person named as the father on the birth certificate? _____

6. His address (including city, state and zip code)? _____

7. At what hospital was this child born? _____ Who was the doctor of delivery? _____

8. Were the birthing expenses paid for by state medicaid/medical card/care source? Yes No

9. Have you ever been to court before regarding this child? Yes (**If yes, check which Court below, and provide a copy of the order**) No Juvenile Domestic Relations CSEA Probate Court
 What city? _____ State? _____ County? _____ Case #? _____

10. Do you have legal custody of this child? Yes, **If yes provide a copy of your order**
 No, **If no who has legal custody?** _____

11. Have you ever been involved with Children Services regarding this child? Yes, **If yes please explain below:** No
 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:	

1. Does this child(ren's) FATHER have an e-mail address? Yes, **If yes what is the email address?** _____ No
2. Alias/Nickname(s) for the FATHER? _____
3. If the date of birth is unknown give age and month born: _____ Where was HE born? _____
4. If the present address is unknown, provide HIS last known address (include city, state and zip code): _____
5. 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)? _____
6. Is there a protection order/restraining order against HIM? Yes, **If yes give the place and date?** _____ No
7. Has HE ever served in the Military? Yes, **If yes what branch and date?** _____ No
8. 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
9. Specify any benefits HE is currently receiving: _____
10. Does HE own any property? Yes, **If yes list address, city and state:** _____ No
11. Is HE currently incarcerated? Yes, **If yes give the place and date:** _____ No
12. Has he been incarcerated before if not currently incarcerated? Yes, when and where: _____ No
13. Does HE visit the child(ren)? Yes, **If yes how often?** _____ No
14. Does HE receive mail at this child(ren's) MOTHER'S present address? Yes No
15. Has the FATHER ever lived with the MOTHER? Yes, **If yes where and when?** _____ No
16. When and where was the last contact you had with HIM? _____
17. Provide the name of the school and graduation year or last year attended by HIM: _____
18. List all States where HE has lived, along with all known addresses: _____
19. List all States where HE may have or had a driver's license: _____
20. Has HE ever provided money, food, clothing, gifts, etc., for the children? Yes, **If yes what/when?** _____ No
21. **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? _____
22. Is the FATHER now divorced? Yes No Unknown
23. 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 Street 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 Name of mother's employer:			Annual income: \$
Employer Address (including city, state & zip):			Employer Phone: ()
Height:	Weight:	Race:	
Hair color:	Eye color:	Scars/tattoos:	

1. Does this child(ren)'s MOTHER have an e-mail address? Yes, **If yes what is the email address?** _____ No
2. Alias/Nickname(s) for the MOTHER? _____
3. If the date of birth is unknown, give age and month born: _____ Where was SHE born? _____
4. If the present address is unknown, provide HER last known address (include city, state and zip code): _____

5. 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): _____
6. Is there a protection order/restraining order against HER? Yes, **If yes give the place and date?** _____ No
7. Has SHE ever served in the Military? Yes, **If yes what branch and date?** _____ No
8. 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
9. Specify any benefits SHE is currently receiving: _____
10. Does SHE own any property? Yes, **If yes list address, city and state:** _____ No
11. Is SHE currently incarcerated? Yes, **If yes give the place and date:** _____ No
12. Has SHE been incarcerated before if not currently incarcerated? Yes, when and where: _____ No
13. Does SHE visit the child(ren)? Yes, **If yes how often?** _____ No
14. Does SHE receive mail at this child(ren)'s FATHER'S present address? Yes No
15. Has the MOTHER ever lived with the FATHER? Yes, **If yes where and when?** _____ No
16. When and where was the last contact you had with HER? _____
17. Provide the name of the school and graduation year or last year attended by HER: _____
18. List all States where SHE has lived, along with all known addresses: _____
19. List all States where SHE may have or had a driver's license: _____
20. Has SHE ever provided money, food, clothing, gifts, etc., for the children? Yes, **If yes what/when?** _____ No
- 21. 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? _____
- 22. Is the MOTHER now divorced?** Yes No Unknown
 If yes, to whom? _____ Date of divorce? _____ County and state? _____
23. 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).

Ohio Department of Job and Family Services

What is a State Hearing?

If you think there has been a mistake or delay on your case, youJFS 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 OH 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 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 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 you 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 t 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 the 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 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.

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 of the missing 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 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 as 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 decision, you must ask for another hearing if you disagree with the new action. A separate hearing will be conducted on the new notice.