



BUTLER COUNTY
CHILD SUPPORT
ENFORCEMENT AGENCY

Government Services Center, 315 High Street – 7th Floor, Hamilton, Ohio 45011
513-887-3362 • 1-800-542-0806 • FAX: 513-887-3699 / Middletown: 513-424-5351 • www.butlercountycsea.org

Butler County Commissioners: Donald L. Dixon • Cindy Carpenter • T.C. Rogers

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 of these 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 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 cooperation, failure to cooperate could result in delay, denial, and/or termination of your public assistance benefits.

**BUTLER COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
PARENTAGE AND/OR SUPPORT ESTABLISHMENT INFORMATION SHEET**

Case No. _____

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.

USTED DEBE DE COMPLETAR ESTE PAQUETE Y REGRESARLO. Estas preguntas son muy personales pero usted esta requerido a responder. Si usted no es la mama o el papa de los ninos, por favor responda lo que pueda.

Your name:	Middle Name:	Last name:	Maiden Name:
Your Street Address:	City:	State:	Zip Code:

Your date of birth:	Your SSN #:	Your Phone Number: ()
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Do you have an e-mail address? Yes, **If yes, what is the 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:	Child # 4 listed on this case:
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___ I wish to establish a child support order. (If left unchecked and you are NOT receiving cash assistance, we will assume you DO NOT want to establish a support order and matter will be dismissed.)

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, **Name county and state of divorce** _____ No
5. Do the MOTHER and FATHER have a divorce pending? Yes, **Name county and state the divorce is filed in** _____ No
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:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:

1. What is YOUR relationship to this child? Mother Father Caretaker/Legal guardián
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:** _____ No

CHILD # 2 INFORMATION

Please provide a copy of the birth certificate for this child.

Child's first name:	Middle Name:	Last Name:
<input type="checkbox"/> Male / Nino <input type="checkbox"/> Female / Nina	Date of Birth:	Social Security Number:

1. What is YOUR relationship to this child? Mother Father Caretaker/Legal guardián
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:** _____ No

CHILD # 3 INFORMATION

Please provide a copy of the birth certificate for this child.

Child's first name:	Middle Name:	Last Name:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:

1. What is YOUR relationship to this child? Mother Father Caretaker/Legal guardián
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 Cour
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:** _____ No

CHILD # 4 INFORMATION

Please provide a copy of the birth certificate for this child.

Child's first name:	Middle Name:	Last Name:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:

1. What is YOUR relationship to this child? Mother Father Caretaker/Legal guardián
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:** _____ No

INFORMATION ABOUT THE CHILD(REN)'S FATHER

Name:	Middle Name:	Last Name:	
Current address:	City:	State:	Zip Code
Date of Birth:	SSN #:	Home Phone: ()	Cell #: ()

Is the child's FATHER currently employed? Yes No Annual income: \$

Name of FATHER'S employer:

Employer Address (including city,state & zip)		Phone: ()
Height:	Weight:	Race:
Hair Color:	Eye color:	Scars/tattoos:

- Does this child(ren's) FATHER have an e-mail address? Yes, **if yes what is the email address?** _____ No
- 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 last known employer and address, including city, state and zip code: _____
- Is there a protection order/restraining order against HIM? yes If yes give the date and place. _____ No
- Has HE ever served in the Military? Yes, **if yes what branch and date?** _____ No
- 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, **if yes list address, city and state:** _____ No
- Is HE currently incarcerated? Yes, **if yes give the place and date:** _____ No
- Has he been incarcerated before? Yes, when and where: _____ No
- Does HE visit the child(ren)? Yes, **if yes how often?** _____ No
- Does HE receive mail at this child(ren's) MOTHER'S present address? Yes No
- Has the FATHER ever lived with the MOTHER? Yes, **if yes where and when?** _____ No
- When and where was the last contact you had 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, **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
 If yes, to whom? _____ Date of divorce? _____ County and state? _____

23. **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

Name:	Middle Name:	Last Name:	Maiden Name:
Current Address: Direccion Actual:	City: Ciudad:	State: Estado:	Zip Code Zona postal:

Date of Birth:	SSN #	Phone: ()	Cell #: ()
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Is the child's MOTHER currently employed? Yes No Annual Income: \$ _____

Name of mother's employer	Phone: ()
Employer Address:	

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 last employer and address, including city, state and zip code _____.

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. Does SHE visit the child(ren)? Yes, **If yes how often?** _____ No

12. Is SHE currently incarcerated? Yes, **If yes give the place and date:** _____ No

13. Has SHE been incarcerated before? Yes, when and where: _____ 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: ()
Address:	City:	State / Zip Code
Mother's father (maternal grandfather)	Date of Birth:	Phone: ()
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: ()
Address:	City	State / Zip Code
Father's father (paternal grandfather)	Date of Birth	Phone: ()
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)

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