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.
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): __________________

**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.

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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

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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.
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: (     )

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: ____________________________

☐ 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.

<table>
<thead>
<tr>
<th>Child’s first name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
</tr>
</thead>
</table>

- Male  | 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.

<table>
<thead>
<tr>
<th>Child’s first name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
</tr>
</thead>
</table>

- Male / Nino  | 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.

<table>
<thead>
<tr>
<th>Child’s first name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
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</table>

□ Male    □ 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

   What city? State? County? Case #?

10. Do you have legal custody of this child? □ Yes, If you 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.

<table>
<thead>
<tr>
<th>Child’s first name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
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<tbody>
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</tbody>
</table>

□ Male    □ 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

   What city? State? County? Case #?

10. Do you have legal custody of this child? □ Yes, If you 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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>SSN #:</td>
<td>Home Phone: ( )</td>
</tr>
<tr>
<td>Is the child’s FATHER currently employed?</td>
<td>□ Yes □ No</td>
<td>Annual income: $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Address (including city, state &amp; zip)</th>
<th>Phone: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height:</td>
<td>Weight:</td>
</tr>
<tr>
<td>Hair Color:</td>
<td>Eye Color:</td>
</tr>
<tr>
<td>Race:</td>
<td>Scars/tattoos:</td>
</tr>
</tbody>
</table>

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 last known employer and address, including city, state and zip code: ___________________________________________________________________
6. Is there a protection order/restraining order against HIM? □ Yes If yes give the date and place. ___________________________________________________________________ □ 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? □ 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
   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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
<th>Maiden Name:</th>
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<table>
<thead>
<tr>
<th>Current Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dirección Actual:</td>
<td>Ciudad:</td>
<td>Estado:</td>
<td>Zona postal:</td>
</tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>SSN #:</th>
<th>Phone: ( )</th>
<th>Cell #: ( )</th>
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</table>

Is the child’s MOTHER currently employed? □ Yes □ No  Annual Income: $ ________________________________

Name of mother’s employer

<table>
<thead>
<tr>
<th>Employer Address:</th>
<th>Phone: ( )</th>
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<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Mother’s mother (maternal grandmother)</th>
<th>Date of Birth</th>
<th>Phone: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s father (maternal grandfather)</td>
<td>Date of Birth</td>
<td>Phone: ( )</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Phone #: ( )</th>
<th>Relationship to guardian: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: _________________________</td>
<td>City: __________</td>
<td>State: _________ Zip: __________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Father’s mother (paternal grandmother)</th>
<th>Date of Birth</th>
<th>Phone: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father’s father (paternal grandfather)</td>
<td>Date of Birth</td>
<td>Phone: ( )</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Phone #: ( )</th>
<th>Relationship to guardian: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: _________________________</td>
<td>City: __________</td>
<td>State: _________ Zip: __________</td>
</tr>
</tbody>
</table>

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 *****