

PORTAGE COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
449 S. MERIDIAN STREET - P.O. Box 1208
RAVENNA, OH 44266

Date: _____

Application # _____

Name _____

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

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

I, _____, request child support services from the Portage County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support - OR - I am requesting services from the Ohio county of jurisdiction.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information)

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

1. Location of Absent Parents.
 - The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "location only services", if the sole need is to find the whereabouts of the absent parent.
2. Establishment or Modification of Child Support and Medical Support.
 - The CSEA can assist you in obtaining an order for support if you are separated, have been deserted or need to establish paternity (fatherhood) The CSEA can also assist you in changing the amount of support orders, (modification), and to establish a medical support order.
3. Enforcement of Existing Orders.
 - The CSEA can help you collect current and back child support
4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.
 - The agency can collect back support, (arrearages) by intercepting an obligor's federal and state income tax refunds on some cases.
5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.
 - The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.
6. Establishment of Paternity.
 - The agency can obtain an order for the establishment of paternity, (Fatherhood), if you were not married to the father of the child. An absent parent may request paternity services in Ohio until the child has reached the age of 23.

7. Collection and Disbursement of Payments

- The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.

8. Interstate Collection of Child Support.

- The agency can assist you in collecting support if the payer is living in another state or in some foreign countries.

APPLICANT INFORMATION

Name: _____ Date of Birth _____

Home Address: _____ Mailing Address: _____

Home Phone: _____ Sex: _____ Male _____ Female

SSN: _____ Race: _____

Current Martial Status: Married: _____ Divorced: _____ Separated: _____ Single: _____

Military Service: _____ If yes, Branch: _____ Dates: _____

Have you ever been on Public Assistance? _____ When? _____ Which State? _____

EMPLOYER INFORMATION

Employer Name _____ Employer Phone _____

Employer Address: _____ Is Medical Insurance Available? _____

INFORMATION ON CHILDREN

	CHILD1	CHILD2	CHILD3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			
Location of Birth: (County, City, State, Country)			
Has paternity (fatherhood) been established?			
Name of Absent Parent(s)			
Is there an order for support?			
Is the child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT1	PARENT2	PARENT3
Name & alias			
Race:			
Home Address:			
Mailing Address			
Social Security #:			
Date of Birth:			
Location of Birth: (County, City, State, Country)			

Sex:			
Height / Weight			
Hair / Eye Color			
Identifying Marks (Tattoos, Scars, etc)			
Name & Address of Employer			
Employer Phone			
Is Medical Insurance Provided?			
Support Order #			
Date of Support Order			
Amount of Support			
Order Frequency			
Location Where Order Was Issued			
Military Service (Branch and Dates)			
Ever Incarcerated? (Location & Dates)			
Currently Institutionalized? If yes, where?			
Arrest Record (Location, Dates)			
Name, Address Current Spouse			
AP Father's Name			
AP Mother's Name (Maiden)			
Has AP ever been on Public Assistance? (Location/Dates)			

Type(s) of Service(s) Requested:

_____ All services listed

_____ Location of Absent Parent only

_____ Other.(please explain): _____

I understand that the child support agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant: _____ Date: _____