

**LAKE COUNTY CHILD SUPPORT ENFORCEMENT  
177 MAIN STREET  
PAINESVILLE, OHIO 44077-9967**

Date: \_\_\_\_\_

Application #: \_\_\_\_\_

**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 LAKE 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 payor is living in another state or in some foreign countries.

<b>APPLICANT INFORMATION</b>	
Name: _____	Date of Birth: _____
Home Address: _____ _____ _____	Mailing Address: _____ _____ _____
Home Phone #: _____	
SSN #: _____	
Race: _____	Current Marital Status:
Sex: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
	<input type="checkbox"/> Single <input type="checkbox"/> Married
Relationship to children: _____	Ever been on Public Assistance? _____
Military Service (Branch, Dates) _____	When? _____
	Which State? _____
<b>EMPLOYER INFORMATION</b>	
Employer Name: _____	Employer Phone: _____
Employer Address: _____ _____ _____	Is Medical Insurance Available? _____

**INFORMATION ON CHILDREN**

	<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth			
Home Address			
<i>Street Address</i>			
<i>City, State, Zip</i>			
Location of Birth: ( <i>County, City, State, Country</i> )			
Has Paternity ( <i>fatherhood</i> ) been established?			
Name of Absent Parent(s)			
Is there an order for support?			
Is the child covered by Medical Insurance?			

**ABSENT PARENT INFORMATION**

	<b>PARENT 1</b>	<b>PARENT 2</b>	<b>PARENT 3</b>
Name ( <i>and alias</i> ):	Alias:	Alias:	Alias:
Home Address:			
<i>Street Address</i>			
<i>City, State, Zip</i>			
Mailing Address:			
<i>Street Address</i>			
<i>City, State, Zip</i>			
Social Security #:			
Date of Birth:			
Location of Birth: ( <i>County, City, State, Country</i> )			
Race:			
Sex:			

	<b>PARENT 1</b>	<b>PARENT 2</b>	<b>PARENT 3</b>
Height/Weight:			
Hair/Eye Color:			
Identifying Marks: (Tattoos, scars, etc.)			
Name and Address of Employer			
<i>Street Address</i>			
<i>City, State, Zip</i>			
Wage Earnings:			
Employer Phone #:			
Is Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:			
Order Frequency:			
Location Where Order was Issued:			
Military Service ( <i>Branch, Dates</i> )			
Ever Incarcerated? (Location, Dates):			
Currently Institutionalized? If yes, where?			
Arrest Record (Location, Dates):			
Name of Current Spouse			
<i>Street Address</i>			
<i>City, State, Zip</i>			
A.P. Father's Name:			
A.P. Mother's Name (Maiden):			
Has AP Ever been on Public Assistance? ( <i>Location, Dates</i> )			

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: \_\_\_\_\_