

Modifying Child Support is **YOUR** Responsibility

Facing Incarceration? OCSS will not automatically modify your child support order.

You could be getting into debt with child support that will take you YEARS to pay down after you get out. But YOU have the power to modify your order now.

Request a Modification TODAY!! You cannot modify later.²

How do I know if I qualify for a modification?

- You can apply for review if you are (or will be) incarcerated for more than 180 days, there is another change in circumstances that impacts your ability to pay, or every 36 months.

What do I need to apply?

- **Gather Case Information:** Names of children and obligee's name (parent/LC receiving child support); SETS case number; order number
 - To gather Case Information, contact CSEA/OCSS by phone, email, or by logging into the website or downloading the child support application
- **Submit a Written letter** requesting administrative review and adjustment of the child support order (*completion required*);
- **Submit Form JFS 01849**, ODJFS Request for an Administrative Review of the Child Support Order (*completion required*);
- **Submit Form JFS 07076**, Application for Child Support Services Non-public Assistance Applicant/Recipient (also known as a IV-D Application) (*completion required*);
- Submit Approval of Authorized Representation (*optional*).

Where do I apply for a modification in CUYAHOGA COUNTY ONLY? ³

- Mailing Address: Cuyahoga County, Office of Child Support Services
P.O. Box 93318
Cleveland, OH 44101-5318
- Phone: (216) 443-5100 or Toll free: (800) 443-1431
- Email: cuycsea@odjfs.state.oh.us
- Website: <http://cjfs.cuyahogacounty.us/en-US/child-support.aspx>

¹ Instructions for modifications given here are for administrative modifications only. Other options are available including modifying your support order with the court system. NOTE: If you go through the court system to modify your child support and your order originally came from the Domestic Relations Court in your county, you MUST file a motion to modify that order with the local Domestic Relations Court. If your child support order is from the Juvenile Court or an administrative order, then you can file a motion with the Juvenile Court in your county to modify. The information above is available for every type of order to begin the modification process administratively through the Office of Child Support Services.

² Modification of support can go back to the date the request was submitted but usually will not be ordered effective further back than that date the request was submitted.

³ If your child support order is from ANY OTHER OHIO COUNTY than Cuyahoga County, apply with the information below:

- MAILING ADDRESS: OCSS-CSEA, Attn: _____ County, PO Box 183203, Columbus, Ohio 43218
- FAX NUMBER: 614-752-9760
- Contact your local county OCSS-CSEA. Phone numbers are available online. For general inquiries, you can call 800-686-1556.

Request for Administrative Review and Adjustment of
Child Support Order

Date: _____

To (Child Support Agency): Cuyahoga County, Office of Child Support Services
P.O. Box 93318
Cleveland, OH 44101-5318
Phone: (216) 443-5100 or Toll free: (800) 443-1431
Email: cuycsea@odjfs.state.oh.us

Re: Child support order for _____.
(your name, DOB, last four of SSN)

SETS: _____
(10 digit account number, begins with a "7")

To Whom it May Concern,

I, _____, am writing to request that my child support order with your agency be modified as soon as possible due to a change in my circumstances. I am currently incarcerated at _____, and I am making this request in accordance with Ohio law. I have enclosed a completed JFS Form 01849, and proof of my incarceration. Please send me all necessary paperwork to my new address to complete the review and adjustment process as soon as possible.

Sincerely,

Obligor
SO# _____

Address: _____

Cuyahoga_ County CSEA
c/o OCSS-CSEA
PO Box 93318
Cleveland, OH 44101-5318

Telephone Number: 216-443-5100
Toll Free Number: 800-443-1431
Fax Number: 614-752-9760
CSEA Website:

<http://cjfs.cuyahogacounty.us/en-US/child-support.aspx>

NAME: _____

ADDRESS: _____

APT _____

_____, _____

PHONE: _____

Date: _____

Case Number: _____ Child Support Obligor: _____

Order Number: _____ Child Support Oblige: _____

Ohio Department of Job and Family Services

REQUEST FOR AN ADMINISTRATIVE REVIEW OF THE CHILD SUPPORT ORDER

I request an administrative review and adjustment of my child support order, including the medical support provisions and any arrears payments, as set forth in Ohio Administrative Code (OAC) rules 5101:12-60-05 to 5101:12-60-05.6 for the following reason (please check the appropriate box):

- **Note:** I understand that the income amounts and changes in circumstances that warrant a review apply to the parents of the child support order. Income and circumstances of a caretaker do not warrant a request for a review of the child support order and are not used in the calculation of the child support order.

☐ It has been at least 36 months since the date of the most recent child support order.

☐ It has been **less** than 36 months since the date of the most recent child support order. I have marked the appropriate circumstance that has changed and submitted the required documentation with this request.

- ☐ The existing child support order established a minimum or a reduced child support obligation based on the guidelines due to the unemployment or underemployment of one of the parents and that parent is no longer unemployed or underemployed. The requesting party must provide to the CSEA evidence or information supporting an allegation of the change in the employment status.
Documentation required and attached.
- ☐ ☐ I am ☐ The other parent is unemployed or laid off beyond the parent's control for thirty consecutive days. This does not include seasonal employment. **Documentation required and attached.**
- ☐ ☐ I am ☐ The other parent is unemployed or laid off due to a plant closing or mass layoff as defined in the Worker Adjustment and Retraining Notification (WARN) Act, 29 U.S.C. §2101 et seq. The administrative review request may only be made after the worker's last day of employment.
Documentation required and attached.
- ☐ ☐ I am ☐ The other parent is permanently disabled reducing his or her earning ability. The requestor must provide to the CSEA verification of receipt of benefits administered by the Social

Security Administration due to the disability and/or a physician's complete diagnosis and permanent disability determination. **Documentation required and attached.**

5. ☐ ☐ I am ☐ The other parent is institutionalized and cannot pay support for the duration of the child's minority and no income or assets are available to the parent which could be levied or attached for support. The requestor must provide evidence of the institutionalization and the inability to pay support during the child's minority. **Documentation required and attached.**
6. ☒ ☒ I am ☐ The other parent is incarcerated for more than 180 days. The requestor must provide evidence of the incarceration. **Documentation required and attached.**
7. ☐ ☐ I have ☐ The other parent has experienced a thirty percent decrease, which is beyond the parent's control, or a thirty percent increase in gross income or income-producing assets for a period of at least six months and which can reasonably be expected to continue for an extended period of time. The party requesting the administrative review must provide to the CSEA relevant evidence or information supporting an allegation of a change in status. **Documentation required and attached.**
8. ☐ The child support order is not in compliance with the Ohio Child Support Guidelines due to the termination of the support obligation for a child of the existing support order.
9. ☐ I have children by the same parent in two or more administrative child support orders and I want to combine the orders into a single administrative child support order.
10. ☐ I want to access available or improved health care coverage that is available for the child. **Documentation required and attached.**
11. ☐ ☐ I have ☐ The other parent has experienced an increase or decrease in the cost of ordered health care coverage or child care for the child which is expected to result in a change of more than ten percent to the child support obligation based on the current Child Support Guidelines calculation. The requesting party must provide to the CSEA relevant evidence or information supporting an allegation of an increase or decrease in the cost of health care or child care. Note, if the request is based on a change in the cost of health care, the requesting party must provide to the CSEA evidence regarding the total, actual out-of-pocket cost of the health insurance premium. **Documentation required and attached.**
12. ☐ The health care coverage that is currently being provided in accordance with the child support order is no longer reasonable in cost and/or accessible. **Documentation required and attached.**
13. ☐ I am the obligor and I assert that my annual gross income is now below 150% of the federal poverty level and I should not be ordered to pay cash medical support, issued prior to March 28, 2019 (the federal poverty guidelines can be found at <http://www.aspe.hhs.gov/poverty> or by contacting the CSEA). **Documentation required and attached.**
14. ☐ I am the obligor and I am a member of the uniformed services who has been called to active service for a period of more than thirty (30) days. I have attached a military Power of Attorney to permit a designated person to act on my behalf in the administrative review, if applicable. **Documentation required and attached.**
15. ☐ A temporary adjustment order pursuant to OAC rule 5101:12-60-05.2 was issued, the obligor's term of active military service has ended, and the obligor has provided the CSEA written documentation sufficient to establish that the obligor's employer has violated the Uniformed Services Employment and Reemployment Rights Act, 38 U.S.C. 4301 to 4333. **Documentation required and attached.**

All child support cases are required to be administered under Ohio law by the local CSEAs. However, unless a case is designated as a "IV-D case," the case is considered to be a "non-IV-D case" and is ineligible for certain child support services, including administrative review and adjustment of child support orders. A "IV-D case" is a case in which a person files an application for child support services with the local CSEA or when the children are receiving public assistance such as Ohio Works First, Medicaid, or Foster Care Maintenance.

If you have a "non-IV-D case" and you want an administrative review and adjustment, you must submit to the CSEA a signed application for services to receive an administrative review for adjustment. You must accept all services available and be subject to all enforcement remedies of the child support enforcement program. If you do not cooperate with the CSEA in providing all the necessary information to enforce the order, the IV-D case shall be closed for failure to

cooperate and no IV-D services shall be provided to you. Once the IV-D application has been filed with the CSEA and it is accepted, the case becomes a IV-D case.

Within 15 days of receiving your request for an administrative review and adjustment and any required evidence, the CSEA will review your request and determine whether a review should be conducted.

If your request is approved, both parents to the order and any third-party caretakers will be notified of the date of the administrative review. The notice will be mailed to the last known address of all parties. The notification will also request that the parents provide financial information, including but not limited to completing a financial affidavit, medical support information, and any other information necessary to properly review the child support order.

If your request is denied, the CSEA will send you notice of denial.

Requesting an administrative review may result in the monthly child support, cash medical support and arrearages repayment order increasing, decreasing, or remaining the same or in a change in the medical support provisions. Please be aware that you may not withdraw your request for an administrative review on or after the scheduled review date.

Please provide your current address if different from page 1:

Address:

☒ I have attached all required and relevant documentation in support of my request. **I understand that if the required documents are not attached, my request may be denied.**

Signature

Printed Name

Date

Phone Number

Email

Cuyahoga County CSEA
c/o OCSS-CSEA
P.O. Box 93318
Cleveland, OH 44101-5318
Email: cuycsea@odjfs.state.oh.us
Phone: 800-443-1431

NAME:
ADDRESS:

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

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

I, _____, request child support services from the _____ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- 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. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

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 Adjustment of Child Support and Medical Support.**
The CSEA can assist you to obtain 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 (adjustment), and to establish a medical support order.
- 3. Enforcement of Existing Orders.**
The CSEA can help you collect current and past-due child support.
- 4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in 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 past-due 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.
- 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. Past-due support collected will be paid to you until all of the past-due 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.

APPLICANT INFORMATION

Name:	_____	Date of Birth:	_____
Home Address:	_____	Mailing Address:	_____
	_____		_____
	_____		_____
Home Phone #:	_____		
Social Security #:	_____	Sex:	_____
Race:	_____	<input type="checkbox"/> Single	<input type="checkbox"/> Married
Relationship to Children:	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
Military Service	_____	Ever been on	
(Branch, Dates):	_____	Public Assistance?	_____
	_____	(When and Where)	_____
	_____		_____

EMPLOYER INFORMATION

Employer Name:	_____	Employer Phone #:	_____
Employer	_____	Is Medical Insurance Available?	_____
Address:	_____		_____
	_____		_____
	_____		_____

	CHILD 1	CHILD 2	CHILD 3
Name:	<div></div>	<div></div>	<div></div>
Sex:	<div></div>	<div></div>	<div></div>
Race:	<div></div>	<div></div>	<div></div>
Social Security #:	<div></div>	<div></div>	<div></div>
Date of Birth:	<div></div>	<div></div>	<div></div>
Home Address:	<div></div>	<div></div>	<div></div>

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
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: _____



APPROVAL OF AUTHORIZED REPRESENTATION

Pursuant to Ohio Administrative Code 5101:12-1-20.1 Use of Information,

I _____ SSN: _____

hereby give approval to the person that I am naming on this authorization form, access and/or the rights to my records that are held by the Office of Child Support Services (OCSS). I hereby waive all claims against the OCSS arising from information released pursuant to this form.

All the information in this section must be completed:

SETS Case Number : [SETS Number]

Authorized Representative Name: _____

Authorized Representative is my Attorney: ☐ No ☐ Yes- Attorney ID _____

Authorized Representative Address: _____

Authorized Representative Telephone # _____ Ext: _____

This person is authorized to perform the actions that are checked below concerning my case:

(The information asked for below must be completed or it may delay the processing of your request.)

Start Date: * _____ **Ending Date:** ** _____

* If you do not enter a start date for the authorization, OCSS will not update your records to reflect the person that you have named as the authorized representative.

** If you do not enter an end date for the authorization, we will automatically terminate the authorization twelve months following the "Start Date."

The individual named above is authorized to perform the actions that I have checked (check all that pertain):

- ☐ Receive all information on my behalf
- ☐ Change my address and telephone number
- ☐ Update my employment information
- ☐ Receive all mail from the agency that is addressed to me
- ☐ Receive and sign for any legal document on my behalf that may be transmitted by the OCSS

Signed: _____

Date: _____