

Bank Accounts: _____ Real Property: _____

Motor Vehicles: _____
Make Model Year Lic plate State

Other (Explain): _____

10. Description of Non-Residential Parent:

Male ____ Female ____ Race ____ Height ____ Weight ____ Hair ____ Eyes ____

Does the Non-Residential Parent have: (Circle) Scars Birthmarks Tattoos?

If so, describe: _____;

Glasses Beard Mustache, any other distinguishing features? _____

11. Non-Residential Parent's Level of Education:

High School Attended: _____ Graduated? Yes No

University or Technical School Attended: _____

Degrees: _____

12. Licenses? Drivers: _____ Motorcycle: _____ Chauffeurs: _____

Professional: _____ What State: _____

13. Arrest Record? Date: _____ Where: _____ Charge: _____

Incarceration? Date: _____ Where: _____ Charge: _____

Probation / Parole? _____ Where? _____ Dates: _____

Probation/Parole Officer: _____ Phone: _____

Address: _____

14. Military Service: Dates _____ to _____ Honorable / Dishonorable Discharge

(Circle One) Army Navy Air Force Marines Reserves National Guard

Gross Amount: \$ _____ Contact Phone Number: _____

15. Non-Residential Parent's Family:

Father: _____ Telephone Number: _____

Address: _____

Mother: _____ Telephone Number: _____
Married Name / Maiden Name

Address: _____

Is the Non-Residential Parent a minor? Yes No

If Yes, with whom do they reside? _____

Brother / Sister / Friend (Circle One): _____

Address: _____ Telephone Number: _____

16. Non-Residential Parent's Current: Spouse / Girlfriend / Boyfriend (Circle One): Marital Status _____ Spouse/Friend

Name: _____ Telephone Number: _____

Address: _____

Any Children in the Home: _____ How Many? _____

Ordered to pay child support to anyone else? _____ To Whom? _____

What County, State? _____

17. Are the Non-Residential Parents currently residing together? Yes No

If No, last address they shared: _____ Date: _____

18. Last date of contact you had with this Non-Residential Parent: _____ Phone or Person?

19. Additional Comments: _____

NON-RESIDENTIAL PARENT (FATHER)

Complete pages 6 through 8 with information regarding the father of the child(ren)

Motor Vehicles: _____
 Make Model Year Lic plate State

Other (Explain): _____

10. Description of Non-Residential Parent:

Male ____ Female ____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

Does the Non-Residential Parent have: (Circle) Scars Birthmarks Tattoos?

If so, describe: _____;

Glasses Beard Mustache, any other distinguishing features? _____

11. Non-Residential Parent's Level of Education:

High School Attended: _____ Graduated? Yes No

University or Technical School Attended: _____

Degrees: _____

12. Licenses? Drivers: _____ Motorcycle: _____ Chauffeurs: _____

Professional: _____ What State: _____

13. Arrest Record? Date: _____ Where: _____ Charge: _____

Incarceration? Date: _____ Where: _____ Charge: _____

Probation / Parole? _____ Where? _____ Dates: _____

Probation/Parole Officer: _____ Phone: _____

Address: _____

14. Military Service: Dates _____ to _____ Honorable / Dishonorable Discharge

(Circle One) Army Navy Air Force Marines Reserves National Guard

Gross Amount: \$ _____ Contact Phone Number: _____

15. Non-Residential Parent's Family:

Father: _____ Telephone Number: _____

Address: _____

Mother: _____ Telephone Number: _____
Married Name / Maiden Name

Address: _____

Is the Non-Residential Parent a minor? Yes No

If Yes, with whom do they reside? _____

Brother / Sister / Friend (Circle One): _____

Address: _____ Telephone Number: _____

16. Non-Residential Parent's Current: Spouse / Girlfriend / Boyfriend (Circle One): Marital Status _____
Spouse/Friend

Name: _____ Telephone Number: _____

Address: _____

Any Children in the Home: _____ How Many? _____

Ordered to pay child support to anyone else? _____ To Whom? _____

What County, State? _____

17. Are the Non-Residential Parents currently residing together? Yes No

If No, last address they shared: _____ Date: _____

18. Last date of contact you had with this Non-Residential Parent: _____ Phone or Person?

19. Additional Comments: _____

IF THE NON-RESIDENTIAL PARENTS WERE MARRIED WHEN THE CHILD WAS BORN:

1. Date they were married: _____ County and State: _____

Date they were separated: _____

Have either of them filed for: Legal Separation: _____ Dissolution: _____ Divorce: _____

Date: _____ County and State: _____ Docket No. _____

2. Has the Non-Residential Parents been Court ordered to pay child support? Yes No

Date: _____ County and State: _____

Docket No. _____ Father's Support Amount Ordered: \$ _____ per _____

Docket No. _____ Mother's Support Amount Ordered: \$ _____ per _____

Has there been any change in the initial Court Order? Yes No

Are these payments taken directly from wages? Yes No

Was the Non-Residential Parents ordered to pay through the Child Support Enforcement Agency?
Yes No

When was the last time support was paid? _____

3. Is this case: Interstate Only ___ Locate Only ___ Support Only ___ Medical Support Only ___

4. Have you ever received public assistance in Licking County? If so, in what name? _____

5. Is Good Cause claimed? _____ Is this a confidential case? _____

6. Additional Comments: _____

IF THE NON RESIDENTIAL PARENTS WERE NOT MARRIED WHEN THE CHILD WAS BORN:

1. Has paternity been established? Yes No Date: _____

County and State: _____ Docket No. _____

If not, is the Mother/Putative Father willing to cooperate in establishing paternity through the court?
Yes No

Did the alleged Putative Father sign the birth certificate? Yes No

Method of establishment: _____ Filed with Central Paternity Registry? Yes No

Conception date: _____ State: _____ City: _____

2. Has the Non-Residential Parents been Court ordered to pay child support? Yes No

Date: _____ County and State: _____

Docket No. _____ Father's Support Amount Ordered: \$ _____ per _____

Docket No. _____ Mother's Support Amount Ordered: \$ _____ per _____

Has there been any change in the initial Court Order? Yes No

Are these payments taken directly from wages? Yes No

Was the Non-Residential Parents ordered to pay through the Child Support Enforcement Agency?
Yes No

When was the last time support was paid? _____

3. Is this case: Interstate Only ___ Locate Only ___ Support Only ___ Medical Support Only ___

4. Has the child or someone on behalf of the child ever received public assistance in Licking County?
If so, in what name?

5. Is Good Cause claimed? _____ Is this a confidential case? _____

6. Additional Comments: _____

ACKNOWLEDGMENTS

Initials

_____ I UNDERSTAND CSEA FILES AND PAYMENT INFORMATION ARE CONFIDENTIAL AND IF I WISH TO DESIGNATE AN AUTHORIZED REPRESENTATIVE I MUST DO SO IN WRITING.

_____ I UNDERSTAND THE OTHER PARTY MAY HAVE ACCESS TO THE FILE AND THEREFORE MY ADDRESS MAY BE RELEASED, UPON REQUEST, UNLESS I OBTAIN A COURT ORDER TO KEEP IT CONFIDENTIAL.

_____ I UNDERSTAND I HAVE A RIGHT TO A STATE ADMINISTRATIVE HEARING. I ACKNOWLEDGE I HAVE RECEIVED A COPY OF ODHS FORM 7040 "EXPLANATION OF STATE ADMINISTRATIVE HEARING PROCEDURES".

_____ I UNDERSTAND I HAVE AN OBLIGATION TO COOPERATE WITH THE CHILD SUPPORT ENFORCEMENT AGENCY BY KEEPING SCHEDULED APPOINTMENTS, PROVIDING REQUESTED INFORMATION AND ATTENDING COURT HEARINGS.

_____ I UNDERSTAND IF I AM A RECIPIENT OF THE OHIO WORKS FIRST PROGRAM THAT:

1. I must cooperate with enforcement efforts or risk termination of my OWF Grant.
2. Upon the receipt of an OWF Grant in any given month I am assigning all child support payments to the CSEA received in that month. Should any support payments be directed to me in error by the CSEA or direct payments made to me by the non-residential parent, I am obligated to return these monies directly to the CSEA. I understand that failure to return child support payments while receiving an OWF Grant will result in potential termination of my OWF Grant and prosecution for welfare fraud.
3. Upon termination of an OWF Grant, all monies paid over current child support obligation (other than monies received through the IRS/ODT Offset Program) will first satisfy my arrearage, and then will be applied towards any arrearage owed to ODHS.

_____ I ACKNOWLEDGE I HAVE RECEIVED THE "LICKING COUNTY CHILD SUPPORT ENFORCEMENT AGENCY'S REPORTING RESPONSIBILITIES AND PROCEDURES" FORM.

_____ I UNDERSTAND THAT THE CHILD SUPPORT ENFORCEMENT AGENCY DOES NOT REPRESENT ME OR THE OTHER PARTY IN ANY ACTION, BUT RATHER REPRESENTS THE STATE OF OHIO. IF ISSUES RELATING TO RESIDENTIAL PARENT STATUS/CUSTODY OR PARENTING TIMES ARISE, THE ATTORNEYS AND OTHER INDIVIDUALS IN THE CHILD SUPPORT ENFORCEMENT AGENCY WILL NOT REPRESENT ME OR THE OTHER PARTY.

PATERNITY/INTAKE PROGRAM SPECIALIST

CLIENT'S SIGNATURE

DATE

DATE