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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INSTRUCTIONSPLEASE COMPLETE EACH APPLICABLE FIELD CLEARLY, PROVIDING THE MOST INFORMATION YOU CAN, INCLUDING ANY PARTIAL INFORMATION. PLEASE SUPPLY COPIES OF ALL PERTINENT INFORMATION LISTED IN THE CHECKLIST ON THE LAST PAGE OF THE APPLICATION. Signatures are required on Pages 2 and 6. | | | | | | | | | |
| Applicant Information | | | | | | | | | |
| LAST NAME | | FIRST NAME | | | | | MIDDLE | | |
| MAIDEN OR OTHER | | SSN | | | | | DOB | | |
| CURRENT MARITAL STATUS | | | | | | NAME OF SPOUSE | | | |
| GENDER | RACE | | | DO YOU NEED AN INTERPRETER? YES NO  LANGUAGE OR OTHER SERVICE REQUESTED: | | | | | |
| RESIDENTIAL ADDRESS-STREET | | | CITY | | | | | STATE | ZIP |
| MAILING ADDRESS-STREET | | | CITY | | | | | STATE | ZIP |
| HOME PHONE | | | | | WORK PHONE | | | | |
| CELL PHONE  Can you receive texts from the CSEA? YES NO | | | | | | OTHER PHONE | | | |
| EMAIL: | | | | | |  | | | |
| EMPLOYER NAME AND ADDRESS | | | | | | EMPLOYER PHONE | | | |

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| **CHILD 1 SERVICES REQUESTED FOR THIS CHILD : PATERNITY SUPPORT ESTABLISHMENT ENFORCEMENT**  **\*PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR ADDITIONAL CHILDREN\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LAST NAME | | | | | | FIRST NAME | | | | | | | | | | | | | MIDDLE | | | | | | | CITY & STATE OF BIRTH | | |
| SSN | | | | | DOB | | | | | | | | | | | WHERE WAS THE CHILD CONCEIVED (STATE)? | | | | | | WHEN WAS CHILD CONCEIVED (MO/YR)? | | | | | | |
| APPLICANT’S RELATIONSHIP TO CHILD 1: MOTHER FATHER OTHER (Please specify) | | | | | | | | | | | | | | | | | | | | | | | | GENDER: MALE FEMALE | | | | |
| IS THERE A FATHER’S NAME ON THE BIRTH CERTIFICATE? YES NO | | | | | | | | IF YES, WHAT IS THE FATHER’S NAME (LAST, FIRST)? | | | | | | | | | | | | | | | | | | | | |
| WAS AN ACKNOWLEDGEMENT OF PATERNITY AFFIDAVIT SIGNED?  YES , NO IF YES, WHERE AND WHEN: | | | | | | | | | | | | | | | | | | | NAME OF FATHER THAT SIGNED THE AFFIDAVIT (LAST, FIRST)? | | | | | | | | | |
| CHILD’S MOTHER’S NAME (LAST, FIRST) | | | | | | | | | | | | | | | | | | | CHILD’S FATHER/ALLEGED FATHER’S NAME (LAST, FIRST) | | | | | | | | | |
| COULD THERE BE MORE THAN ONE POSSIBLE ALLEGED FATHER? YES NO (Sex with anyone 2 months before or 2 months after becoming pregnant)  If yes, please list the names here and complete an Other Parent Information Sheet for each named father. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WAS THE MOTHER EVER MARRIED? YES NO WAS THE MOTHER MARRIED WHEN THE CHILD WAS BORN? YES NO  HUSBAND’S NAME: DATE OF MARRIAGE: CITY, STATE: DIVORCE DATE:  HUSBAND’S NAME: DATE OF MARRIAGE: CITY, STATE: DIVORCE DATE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD?  YES NO | | | | | | | | | | | | WHEN WAS THE ORDER FILED? | | | | | | | | | IN WHICH COUNTY, STATE? | | | | | | | |
| IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD?  YES NO | | | | | | | | | | | | WHEN WAS THE ORDER FILED? | | | | | | | | | IN WHICH COUNTY, STATE? | | | | | | | |
| DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GUARDIANSHIP OF THIS CHILD? YES NO | | | | | | | | | | | | WHEN WAS THE ORDER FILED? | | | | | | | | | IN WHICH COUNTY, STATE? | | | | | | | |
| IS THERE ANY PENDING LEGAL ACTION INVOLVING THIS CHILD?  YES NO | | | | | | | | | | | | | MOST RECENT FILE DATE? | | | | | | | IN WHICH COUNTY, STATE? | | | | | | | | |
| **CHILD 2 SERVICES REQUESTED FOR THIS CHILD : PATERNITY SUPPORT ESTABLISHMENT ENFORCEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LAST NAME | | | | | | FIRST NAME | | | | | | | | | | | | | MIDDLE | | | | | | | CITY & STATE OF BIRTH | | |
| SSN | | | | | DOB | | | | | | | | | | | WHERE WAS THE CHILD CONCEIVED (STATE)? | | | | | | WHEN WAS CHILD CONCEIVED (MO/YR)? | | | | | | |
| APPLICANT’S RELATIONSHIP TO CHILD 2: MOTHER FATHER OTHER (Please specify) | | | | | | | | | | | | | | | | | | | | | | | GENDER: MALE FEMALE | | | | | |
| IS THERE A FATHER’S NAME ON THE BIRTH CERTIFICATE? YES NO | | | | | | | IF YES, WHAT IS THE FATHER’S NAME (LAST, FIRST)? | | | | | | | | | | | | | | | | | | | | | |
| WAS AN ACKNOWLEDGEMENT OF PATERNITY AFFIDAVIT SIGNED?  YES NO IF YES, WHERE AND WHEN: | | | | | | | | | | | | | | | | | | | NAME OF FATHER THAT SIGNED THE AFFIDAVIT (LAST, FIRST)? | | | | | | | | | |
| CHILD’S MOTHER’S NAME (LAST, FIRST) | | | | | | | | | | | | | | | | | | | CHILD’S FATHER/ALLEGED FATHER’S NAME (LAST, FIRST) | | | | | | | | | |
| COULD THERE BE MORE THAN ONE POSSIBLE ALLEGED FATHER? YES NO  If yes, please list the names here and complete an Other Parent Information Sheet for each named father. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WAS THE MOTHER EVER MARRIED? YES NO WAS THE MOTHER MARRIED WHEN THE CHILD WAS BORN? YES NO  HUSBAND’S NAME: DATE OF MARRIAGE: CITY, STATE: DIVORCE DATE:  HUSBAND’S NAME: DATE OF MARRIAGE: CITY, STATE: DIVORCE DATE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IS THERE AN ORDER DETERMINING PATERNITY FOR THIS CHILD?  YES NO | | | | | | | | | | | | WHEN WAS THE ORDER FILED? | | | | | | | | | IN WHICH COUNTY, STATE? | | | | | | | |
| IS THERE A CHILD SUPPORT ORDER FOR THIS CHILD?  YES NO | | | | | | | | | | | | WHEN WAS THE ORDER FILED? | | | | | | | | | IN WHICH COUNTY, STATE? | | | | | | | |
| DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GUARDIANSHIP OF THIS CHILD? YES NO | | | | | | | | | | | | WHEN WAS THE ORDER FILED? | | | | | | | | | IN WHICH COUNTY, STATE? | | | | | | | |
| IS THERE ANY PENDING LEGAL ACTION INVOLVING THIS CHILD?  YES NO | | | | | | | | | | | | MOST RECENT FILE DATE? | | | | | | | | | IN WHICH COUNTY, STATE? | | | | | | | |
| INFORMATION ABOUT THE OTHER PARENTTHIS OTHER PARENT IS THE MOTHER FATHER/ALLEGED FATHER of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(list child(ren)) **OTHER PARENT** REFERS TO THE NON-APPLICANT PARENT OF THE CHILD(REN) **OR** IN THE CASE OF A CARETAKER APPLICANT, IT REFERS TO **BOTH** THE MOTHER AND FATHER OF THE CHILD(REN) AND AN INFORMATION SHEET FOR EACH PARENT IS NEEDED.  **\*IF THERE ARE MORE THAN 2 OTHER PARENTS, PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR EACH ADDITIONAL OTHER PARENT.\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IS THERE A HISTORY OF DOMESTIC VIOLENCE WITH THIS other parent? yes noIf yes, provide available documentation or a statement explaining the situation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| applicant’s relationship to thIS other parent: Never married married legally separated divorced other (note below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last nAME | | | | | FIRST | | | | | | | | | | | MIDDLE | | | | MAIDEN OR OTHER | | | | | | | | |
| ssn | | | | | dob/AGE (Appx) | | | | | | | | | pLACE OF BIRTH (CITY & STATE) | | | | | | | | | | | | | | |
| GENDER | | rACE | | | | | | | | | | | | | | | | | DOES OTHER PARENT NEED AN INTERPRETER? yes nolanguagE or other SERvice needed: | | | | | | | | | |
| mAILING aDDRESS-STREET | | | | | | | | | | | CITY | | | | | | | | | | | | | | STATE | ZIP | | |
| RESIDENTIAL OR OTHER ADDRESS-STREET | | | | | | | | | | | CITY | | | | | | | | | | | | | | STATE | ZIP | | |
| MARITAL STATUS & SPOUSE’s Name if this other parent is married | | | | | | | | | | | Names of people living in this parent’s home/ NAMES of other children | | | | | | | | | | | | | | | | | |
| HOME PHONE | | | WORK PHONE | | | | | | CELL PHONE | | | | | | | | | | | | | | | | OTHER PHONE | | | |
| HAS BANK ACCOUNT AT? | | | | | | | | EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | | |
| EYE COLOR | HAIR COLOR | | | HEIGHT (FT, IN) | | | | | | WEIGHT | | | | | | | OTHER IDENTIFYING MARKS/FEATURES | | | | | | | | | | | |
| Has other parent ever lived in OHIO? YES NO HAS OTHER PARENT EVER LIVED WITH THE CHILD? YES NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAS OTHER PARENT EVER RECEIVED: SOCIAL SECURITY UNEMPLOYMENT WORKER’S COMPENSATION PUBLIC ASSISTANCE VETERAN’S BENEFITS OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| mILITARY SERVICE: YES NO iS THE OTHER PARENT A VETERAn? YES NOBRANCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATES: FROM \_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IS OTHER PARENT A STUDENT yES nO IF YES, WHERE GRADE LEVEL & Degree : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARREST/PRISON RECORD YES NO IF YES, WHERE iMPRISONED DATE: RELEASE DATE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIST ANY PROFESSIONAL OR RECREATIONAL LICENSEs: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAR MODEL/MAKE/YEAR | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| NAME OF OTHER PARENT’S FATHER | | | | | | | | | | | | NAME OF OTHER PARENT’S MOTHER | | | | | | | | | | | | | | | | |
| HIS ADDRESS | | | | | | | | | | | | HER ADDRESS | | | | | | | | | | | | | | | | |
| FATHER’S PHONE | | | | | | | | | | | | MOTHER’S PHONE | | | | | | | | | | | | | | | | |
| INFORMATION ABOUT OTHER PARENT’S EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURRENT EMPLOYER | | | | | | ADDRESS-STREET | | | | | | | | | | | | | CITY | | | | | | STATE | | ZIP | |
| IF UNEMPLOYED, NAME LAST EMPLOYER | | | | | | ADDRESS-STREET | | | | | | | | | | | | | CITY | | | | | | STATE | | ZIP | |
| OCCUPATION | | | | | | | | | | | | | | | uNION NAME | | | | | | | LOCAL NO. | | | | | | |
| ADDITIONAL INFORMATION THAT COULD ASSIST IN LOCATION of parent, income and assets. INclude names and contact information of other family members and friends. list types and location of any property or assets owned by other parent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFORMATION ABOUT THE OTHER PARENTTHIS OTHER PARENT IS THE MOTHER FATHER/ALLEGED FATHER of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (list child(ren)) **OTHER PARENT** REFERS TO THE NON-APPLICANT PARENT OF THE CHILD(REN) **OR** IN THE CASE OF A CARETAKER APPLICANT, IT REFERS TO **BOTH** THE MOTHER AND FATHER OF THE CHILD(REN) AND AN INFORMATION SHEET FOR EACH PARENT IS NEEDED.  **\*IF THERE ARE MORE THAN 2 OTHER PARENTS, PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR EACH ADDITIONAL OTHER PARENT.\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IS THERE A HISTORY OF DOMESTIC VIOLENCE WITH THIS other parent? yes noIf yes, provide available documentation or a statement explaining the situation. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| applicant’s relationship to thIS other parent: Never married married legally separated divorced other (note below) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last nAME | | | | | FIRST | | | | | | | | | | | MIDDLE | | | | MAIDEN OR OTHER | | | | | | | |
| ssn | | | | | dob/AGE(appx) | | | | | | | | | pLACE OF BIRTH (CITY & STATE) | | | | | | | | | | | | | |
| GENDER | | rACE | | | | | | | | | | | | | | | | | DOES OTHER PARENT NEED AN INTERPRETER? yes nolanguagE or other SERvice needed: | | | | | | | | |
| mAILING aDDRESS-STREET | | | | | | | | | | | CITY | | | | | | | | | | | | | | STATE | ZIP | |
| RESIDENTIAL OR OTHER ADDRESS-STREET | | | | | | | | | | | CITY | | | | | | | | | | | | | | STATE | ZIP | |
| MARITAL STATUS & SPOUSE’s Name if this other parent is married | | | | | | | | | | | Names of people living in this parent’s home/Names of Other Children | | | | | | | | | | | | | | | | |
| HOME PHONE | | | WORK PHONE | | | | | | CELL PHONE | | | | | | | | | | | | | | | | OTHER PHONE | | |
| HAS BANK ACCOUNT AT? | | | | | | | | EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | |
| EYE COLOR | HAIR COLOR | | | HEIGHT (FT, IN) | | | | | | WEIGHT | | | | | | | OTHER IDENTIFYING MARKS/FEATURES | | | | | | | | | | |
| Has other parent ever lived in Oh? YES NO HAS OTHER PARENT EVER LIVED WITH THE CHILD? YES NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAS OTHER PARENT EVER RECEIVED: SOCIAL SECURITY UNEMPLOYMENT WORKER’S COMPENSATION PUBLIC ASSISTANCE VETERAN’S BENEFITS OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| mILITARY SERVICE: YES NO iS THE OTHER PARENT A VETERAn? YES NOBRANCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATES: FROM \_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IS OTHER PARENT A STUDENT yES nO IF YES, WHERE GRADE LEVEL & Degree : | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARREST/PRISON RECORD YES NO IF YES, WHERE iMPRISONED DATE: RELEASE DATE: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIST ANY PROFESSIONAL OR RECREATIONAL LICENSEs: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAR MODEL/MAKE/YEAR | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| NAME OF OTHER PARENT’S FATHER | | | | | | | | | | | | NAME OF OTHER PARENT’S MOTHER | | | | | | | | | | | | | | | |
| HIS ADDRESS | | | | | | | | | | | | HER ADDRESS | | | | | | | | | | | | | | | |
| FATHER’S PHONE | | | | | | | | | | | | MOTHER’S PHONE | | | | | | | | | | | | | | | |
| INFORMATION ABOUT OTHER PARENT’S EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURRENT EMPLOYER | | | | | | ADDRESS-STREET | | | | | | | | | | | | | CITY | | | | | | STATE | | ZIP | |
| IF UNEMPLOYED, NAME LAST EMPLOYER | | | | | | ADDRESS-STREET | | | | | | | | | | | | | CITY | | | | | | STATE | | ZIP | |
| OCCUPATION | | | | | | | | | | | | | | | uNION NAME | | | | | | | LOCAL NO. | | | | | |
| ADDITIONAL INFORMATION THAT COULD ASSIST IN LOCATION of parent, income and assets. INclude names and contact information of other family members and friends. List Types and location of any property or assets owned by other parent. | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| ADDITIONAL Information | | | | | | |
| Please provide any additional information here. | | | | | | |
| court order information (fill in all that apply) Type of Order County State File Date Support Amount per month For Child(ren) | | | | | | |
| divorce(S)/Dissolution(s) (list all) |  |  |  | $ /mo |  | |
| other (list TYPEs, including CPO, custody, etc) |  |  |  | $ /mo |  | |
| there are no court orders for the child(ren) named : | | | | | | |
| i receive voluntary payments for the child(ren) named: | | | | | | |
| amount $ frequency | | date last support received | | | amount received $ | |
| ARE THERE ANY PENDING COURT ACTIONS INVOLVING ANY OF THE OTHER PARENTS OR CHILDREN?  YES NO IF YES, NOTE ACTION BELOW | | | | | | |
|  | | | | | | |
| **SIGNATURE AND DOCUMENTATION** | | | | | | |
| signature of applicant | | | **PRINT NAME OF APPLICANT** | | | **DATE** |
| signature of parent/guardian if applicant is a minoR | | | **PRINT NAME OF PARENT/GUARDIAN** | | | **DATE** |
| **CHECKLIST OF INFORMATION TO SUBMIT** | | | | | | |
| * Copy of Social Security Card for Each Child - Copy of Out of State Support Payment Records * Copies of all Court Orders including Civil Protection Orders - Copy of Medical Insurance Cards * Copy of Marriage Certificate(s) * Copy of birth certificate for each child, if child was born outside of the State of Ohio | | | | | | |
| **Ohio Child Support Website and Customer Service Portal available at www.jfs.ohio.gov/ocs** | | | | | | |