

 **TUSCARAWAS COUNTY**

 **CHILD SUPPORT ENFORCEMENT AGENCY**

**154 Second Street NE, New Philadelphia, OH 44663**

**Phone: (330)343-0099 • (800)685-CSEA(2732) • Fax (330)364-4854**

[**www.co.tuscarawas.oh.us/csea**](http://www.co.tuscarawas.oh.us/csea)

**Traci A. Berry, Director Ryan Styer, Prosecutor**

Obligor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: Reduction of Permanently Assigned Arrearage for SETS Case No.

**Request to Reduce Permanently Assigned Arrearage**

By signing this document, I am requesting that the Tuscarawas County Child Support Enforcement Agency (CSEA) begin negotiations with me to determine whether the child support arrearage assigned to the state of Ohio can be reduced based upon my present circumstances. I have a financial hardship which does not allow me to meet this obligation and I would like to have my case reviewed for a Reduction of Permanently Assigned Arrearage. By signing this document, I also understand and agree with the following:

1. Neither the CSEA nor the Ohio Department of Job and Family Services is required to grant my request for reduction of any permanently assigned arrearage and this process has no right of appeal.

1. Nothing in this request or process reduces any arrearage owed to the custodial parent or relative caretaker.
2. If I have a current support obligation, I am not eligible for a waiver of permanently assigned arrearage. However, a compromise is permissible if the CSEA and I can reach an agreement.
3. A compromise does not affect my requirement to pay the full monthly support obligation owed on the support order.
4. A reduction of permanently assigned arrearage does not stay or preclude collection of any other arrearage or balances. Similarly, a compromise does not stay or preclude collection of any current support obligation or any other arrearage or balances.
5. The CSEA may initiate court action to reinstate any reduced arrearage if:
	1. the obligor fails to comply with the terms and conditions of the Agreed Entry;
	2. there is a mutual mistake of fact sufficient to cause the Agreed Entry to be reformed or set aside or,
	3. has otherwise acted with intent to defraud the CSEA by furnishing false information or concealing assets or financial history.

1. Court action is not required if obligor fails to satisfy the terms of the agreement before any arrearage has been reduced or fails to complete a family support program.
2. Neither the CSEA nor any CSEA employee represents me in any capacity, legal or otherwise. I understand that I may have private counsel review any agreements prior to signing, but I affirm that I am not represented by counsel, as it relates to any reduction of permanently assigned arrearage at this time, unless I have presented the CSEA with a Notice of Representation from my attorney specifying representation for the purpose of negotiating a reduction of permanently assigned arrearage with the CSEA.
3. I am requesting the following option for approval:

\_\_\_\_**Waiver**: Reduction of Permanently assigned arrearage to a certain amount.

 \_\_\_\_**Installment Plan Compromise**: An agreement to reduce permanently

assigned arrearage a certain amount periodically based upon Obligor paying a certain amount each month.

\_\_\_\_**Lump Sum Compromise**: An agreement to reduce permanently assigned

 arrearage in exchange for a lump sum payment.

\_\_\_\_**Family Support Program**: An agreement to participate and successfully complete a Family support program in exchange for the CSEA reducing a sum certain of permanently assigned arrearage

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

SETS #:­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Order #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Disclosure Affidavit**

**INSTRUCTIONS**:

You are required to answer the following questions accurately and completely. You must also sign this affidavit before a Notary Public. The Tuscarawas County CSEA will provide a notary upon request.

**In addition to completing this affidavit, you must attach evidence supporting your financial or medical hardship, including but not limited to documentation of household income and expenses for the past 3 months, last 3 years’ tax returns, and proof of claimed disability** or your request could be denied**.** (*Please make sure that all handwriting is legible.)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If employed, name, address & phone number of current employer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Current gross pay rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Please attach copies of pay stubs*)

If Unemployed, name & address of last employer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Reason for Unemployment (be specific)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Identify any real estate which you own in whole or part, including the address of the real estate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other financial assets that you possess with a value over $500 [e.g. savings accounts, 401(k), IRA, 457(b), stocks, bonds, etc.]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach as many pages as needed describing your specific reason for requesting this waiver or compromise. Remember, you must attach evidence supporting this request or your request could be denied.**

 **If your request relates to medical disability**, you must describe why you are unable to work, when and how you became unable to work, and attach a written statement from your doctor which contains the following information: the name of the medical condition which prevents you from working or which limits your ability to work; the date upon which you became unable to work; and the date, if any, upon which you should be able to return to work.

 **If your request relates to incarceration**, you must state the month and year that your incarceration began and ended, the location and date of all convictions, and the name of all convictions.

 **If your request relates to employment issues,** you must describe all obstacles to full-time employment.

*I affirm that the information I have supplied on this form and the attachments is true to the best of my knowledge and belief.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

State of Ohio :

County of \_\_\_\_\_\_\_\_\_ :

Before me appeared the above named person who signed this affidavit under oath or by affirmation on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, in the year \_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration of Commission