



BUTLER COUNTY CHILD SUPPORT ENFORCEMENT

315 High Street, 7th Floor, Hamilton, Ohio 45011

phone: 513.887.3362 | fax: 513.887.3699

web: csea.bcoho.us

Welcome to the Butler County Child Support Enforcement Agency (CSEA). Enclosed you will find an application and questionnaire for child support services. Please thoroughly complete all the attached pages, sign and date the document and return it to the agency.

It will also be necessary for you to send us a copy of any court orders pertaining to the child. Additionally, an “Explanation of State Hearing Procedures” and “Your Rights and Responsibilities” are attached. Please read both of these forms carefully then sign the ODHS 7012 (Explanation of State Hearing Procedures) and return along with your application.

**It is essential to complete this process and return the documents in a timely manner so that you may receive the full range of child support services available to you.**

The forms must be completed whether or not the alleged father has signed the birth certificate. A postage paid envelope is enclosed for your convenience.

Our goal at the CSEA is to provide you with the best service possible. Next to public education, no other program touches the lives of more children than the child support program and we look forward to working with you.

If you have any questions, please feel free to contact our agency at (513) 887-3362 or visit us on the web at [www.butlercountycsea.org](http://www.butlercountycsea.org). Once you have an open case, you can also visit the state of Ohio’s customer service web portal at [www.jfs.ohio.gov/ocs](http://www.jfs.ohio.gov/ocs) where you can print off payment histories, get answers to frequently asked questions and more.

**BUTLER COUNTY CHILD SUPPORT ENFORCEMENT AGENCY  
PARENTAGE AND/OR SUPPORT ESTABLISHMENT INFORMATION SHEET**

Case No. \_\_\_\_\_

YOU MUST COMPLETE AND RETURN THIS PACKET – These questions are personal but you are still required to answer them. If you are not the child(ren’s) mother or alleged father, please answer them to the best of your ability.

USTED DEBE DE COMPLETAR ESTE PAQUETE Y REGRESARLO. Estas preguntas son muy personales pero usted esta requerido a responder. Si usted no es la mama o el papa de los ninos, por favor responda lo que pueda.

Your name:	Middle Name:	Last name:	Maiden Name:
Your Street Address:	City:	State:	Zip Code:

Your date of birth:	Your SSN #:	Your Phone Number: ( )
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Do you have an e-mail address?  Yes, **If yes, what is the email address?** \_\_\_\_\_  
 How do you prefer to receive your agency notices/hearing notices:  US mail or  E-mail

Child # 1 listed on this case:	Child # 2 listed on this case:	Child # 3 listed on this case:	Child # 4 listed on this case:
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     **I wish to establish a child support order. (If left unchecked and you are NOT receiving cash assistance, we will assume you DO NOT want to establish a support order and matter will be dismissed.)**

1. Do the MOTHER and FATHER of this child(ren) currently live together?  Yes  No
2. Are they currently married to each other?  Yes **If yes what is the date and place of marriage?** \_\_\_\_\_  No
3. If the MOTHER and FATHER are not currently married, were they ever married to each other?  Yes, **If yes date of marriage?** \_\_\_\_\_  No
4. Are the MOTHER and FATHER now divorced?  Yes, **Name county and state of divorce** \_\_\_\_\_  No
5. Do the MOTHER and FATHER have a divorce pending?  Yes, **Name county and state the divorce is filed in** \_\_\_\_\_  No
6. Does the MOTHER and/or FATHER currently have child support ordered for this child(ren)?  Yes, **If yes, name county and state?** \_\_\_\_\_  No
7. Did the MOTHER of this child(ren) have sexual intercourse with anyone else 2 months before or 2 months after becoming pregnant?  
 Yes, **If yes with whom?** \_\_\_\_\_  No
8. **If there is more than one possible father please provide all the information requested on page 3 on a separate sheet of paper for each.**
9. Did the act of sexual intercourse which caused the MOTHER to become pregnant take place in the State of Ohio?  
 Yes  No, **If no in what state?** \_\_\_\_\_
10. Have the child(ren) ever had DNA testing completed?  Yes, **If yes when and where?** \_\_\_\_\_  No

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Once completed, please return form to: **Butler County CSEA 315 High Street, 7<sup>th</sup> Floor, Hamilton OH 45011.** A self-addressed postage paid envelope is enclosed for your convenience. I have fully answered the questions on this form. The answers are true to the best of my knowledge. I understand that it may constitute a crime if I provide false or misleading information. If I decide to hire a private attorney, legal fees will be my responsibility. I understand that the CSEA and its Staff Attorney’s represent the State of Ohio and not myself. I understand that I must fully cooperate with the CSEA, including appearing at all hearings and appointments scheduled. If I am receiving either ADC/TANF/OWF or Medicaid/Care Source, I understand that failing to cooperate with the CSEA may also affect my ADC/TANF/OWF and/or Medicaid/Care Source

**I HAVE FULLY READ AND UNDERSTAND THE CONTENTS OF THIS PACKET. BY SIGNING BELOW, I AGREE TO WAIVE FORMAL SERVICE BY PERSONAL, RESIDENTIAL, AND/OR CERTIFIED MAIL AND AGREE TO BE SERVED BY ORDINARY MAIL SENT TO MY LAST KNOWN ADDRESS.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**CHILD # 1 INFORMATION**

**Please provide a copy of the birth certificate for this child.**

Child's first name:	Middle Name:	Last Name:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:

1. What is YOUR relationship to this child?  Mother     Father     Caretaker/Legal guardián
2. Is this child currently living with you?  Yes     No, **the child is living with?** \_\_\_\_\_
3. Their address (including city, state & zip) is: \_\_\_\_\_
4. Did anyone sign as the father on the child's birth certificate?  Yes (**please list the name and address below**)     No
5. Person named as the father on the birth certificate? \_\_\_\_\_
6. His address (including city, state and zip code)? \_\_\_\_\_
7. At what hospital was this child born? \_\_\_\_\_ Who was the doctor of delivery? \_\_\_\_\_
8. Were the birthing expenses paid for by state Medicaid /medical card/care source?  Yes     No
9. Have you ever been to court before regarding this child?  Yes (**If yes, check which Court below, and provide a copy of the order**)     No  
 Juvenile     Domestic Relations     CSEA     Probate Court  
What city? \_\_\_\_\_ State? \_\_\_\_\_ County? \_\_\_\_\_ Case #? \_\_\_\_\_
10. Do you have legal custody of this child?  Yes, **If yes provide a copy of your order**     No, **If no who has legal custody?** \_\_\_\_\_
11. Have you ever been involved with Children Services regarding this child?  Yes, **If yes please explain:** \_\_\_\_\_  No

**CHILD # 2 INFORMATION**

**Please provide a copy of the birth certificate for this child.**

Child's first name:	Middle Name:	Last Name:
<input type="checkbox"/> Male / Nino <input type="checkbox"/> Female / Nina	Date of Birth:	Social Security Number:

1. What is YOUR relationship to this child?  Mother     Father     Caretaker/Legal guardián
2. Is this child currently living with you?  Yes     No, **the child is living with?** \_\_\_\_\_
3. Their address (including city, state & zip) is: \_\_\_\_\_
4. Did anyone sign as the father on the child's birth certificate?  Yes (**please list the name and address below**)     No
5. Person named as the father on the birth certificate? \_\_\_\_\_
6. His address (including city, state and zip code)? \_\_\_\_\_
7. At what hospital was this child born? \_\_\_\_\_ Who was the doctor of delivery? \_\_\_\_\_
8. Were the birthing expenses paid for by state Medicaid /medical card/care source?  Yes     No

9. Have you ever been to court before regarding this child?  Yes (If yes, check which Court below, and provide a copy of the order)  No

Juvenile  Domestic Relations  CSEA  Probate Court

What city? \_\_\_\_\_ State? \_\_\_\_\_ County? \_\_\_\_\_ Case #? \_\_\_\_\_

10. Do you have legal custody of this child?  Yes, If yes provide a copy of your order  No, If no who has legal custody? \_\_\_\_\_

11. Have you ever been involved with Children Services regarding this child?  Yes, If yes please explain: \_\_\_\_\_  No

**CHILD # 3 INFORMATION**

**Please provide a copy of the birth certificate for this child.**

Child's first name:	Middle Name:	Last Name:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:

1. What is YOUR relationship to this child?  Mother  Father  Caretaker/Legal guardián

2. Is this child currently living with you?  Yes  No, the child is living with? \_\_\_\_\_

3. Their address (including city, state & zip) is: \_\_\_\_\_

4. Did anyone sign as the father on the child's birth certificate?  Yes (please list the name and address below)  No

5. Person named as the father on the birth certificate? \_\_\_\_\_

6. His address (including city, state and zip code)? \_\_\_\_\_

7. At what hospital was this child born? \_\_\_\_\_ Who was the doctor of delivery? \_\_\_\_\_

8. Were the birthing expenses paid for by state Medicaid /medical card/care source?  Yes  No

9. Have you ever been to court before regarding this child?  Yes (If yes, check which Court below, and provide a copy of the order)  No

Juvenile  Domestic Relations  CSEA  Probate Cour

What city? \_\_\_\_\_ State? \_\_\_\_\_ County? \_\_\_\_\_ Case #? \_\_\_\_\_

10. Do you have legal custody of this child?  Yes, If yes provide a copy of your order  No, If no who has legal custody? \_\_\_\_\_

11. Have you ever been involved with Children Services regarding this child?  Yes, If yes please explain: \_\_\_\_\_  No

**CHILD # 4 INFORMATION**

**Please provide a copy of the birth certificate for this child.**

Child's first name:	Middle Name:	Last Name:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:

1. What is YOUR relationship to this child?  Mother  Father  Caretaker/Legal guardián

2. Is this child currently living with you?  Yes  No, the child is living with? \_\_\_\_\_

3. Their address (including city, state & zip) is: \_\_\_\_\_

4. Did anyone sign as the father on the child's birth certificate?  Yes (please list the name and address below)  No

5. Person named as the father on the birth certificate? \_\_\_\_\_

6. His address (including city, state and zip code)? \_\_\_\_\_

7. At what hospital was this child born? \_\_\_\_\_ Who was the doctor of delivery? \_\_\_\_\_

8. Were the birthing expenses paid for by state Medicaid /medical card/care source?  Yes  No

9. Have you ever been to court before regarding this child?  Yes (If yes, check which Court below, and provide a copy of the order)  No

Juvenile  Domestic Relations  CSEA  Probate Court

What city? \_\_\_\_\_ State? \_\_\_\_\_ County? \_\_\_\_\_ Case #? \_\_\_\_\_

10. Do you have legal custody of this child?  Yes, If yes provide a copy of your order  No, If no who has legal custody? \_\_\_\_\_

11. Have you ever been involved with Children Services regarding this child?  Yes, If yes please explain: \_\_\_\_\_  No

### INFORMATION ABOUT THE CHILD(REN)'S FATHER

Name:	Middle Name:	Last Name:	
Current address:	City:	Estate:	Zip Code
Date of Birth:	SSN #:	Home Phone: ( )	Cell #: ( )

Is the child's FATHER currently employed?  Yes  No Annual income: \$

Name of FATHER'S employer:

Employer Address (including city, state & zip)		Phone: ( )
Height:	Weight:	Race:
Hair Color:	Eye color:	Scars/tattoos:

1. Does this child(ren's) FATHER have an e-mail address?  Yes, If yes what is the email address? \_\_\_\_\_  No

2. Alias/Nickname(s) for the FATHER? \_\_\_\_\_

3. If the date of birth is unknown give age and month born: \_\_\_\_\_ Where was HE born? \_\_\_\_\_

4. If the present address is unknown, provide HIS last known address (include city, state and zip code):

5. If the present employer is unknown, provide his last known employer and address, including city, state and zip code: \_\_\_\_\_

6. Is there a protection order/restraining order against HIM?  yes If yes give the date and place. \_\_\_\_\_  No

7. Has HE ever served in the Military? Yes, If yes what branch and date? \_\_\_\_\_ No

8. Please check any of the following HE may have ever received and name the State where the benefits were received: \_\_\_\_\_  
Welfare/GR Unemployment Worker's Compensation Social Security Veteran's Benefit

9. Specify any benefits HE is currently receiving: \_\_\_\_\_

10. Does HE own any property? Yes, If yes list address, city and state: \_\_\_\_\_ No

11. Is HE currently incarcerated? Yes, If yes give the place and date: \_\_\_\_\_ No

12. Has he been incarcerated before?  Yes, when and where: \_\_\_\_\_  No

13. Does HE visit the child(ren)? Yes, If yes how often? \_\_\_\_\_ No

14. Does HE receive mail at this child(ren's) MOTHER'S present address? Yes No

15. Has the FATHER ever lived with the MOTHER? Yes, If yes where and when? \_\_\_\_\_ No

16. When and where was the last contact you had with HIM? \_\_\_\_\_

17. Provide the name of the school and graduation year or last year attended by HIM: \_\_\_\_\_

18. List all States where HE has lived, along with all known addresses: \_\_\_\_\_

19. List all States where HE may have or had a driver's license: \_\_\_\_\_

20. Has HE ever provided money, food, clothing, gifts, etc., for the children? Yes, If yes what/when? \_\_\_\_\_ No

21. Is the FATHER for this child(ren) now or has HE ever been married to someone else?  Yes  No  Unknown

If yes, to whom? \_\_\_\_\_ Date of marriage? \_\_\_\_\_ County and state? \_\_\_\_\_

22. Is the FATHER now divorced?  Yes  No  Unknown

If yes, to whom? \_\_\_\_\_ Date of divorce? \_\_\_\_\_ County and state? \_\_\_\_\_

23. Complete the following if HE has any other child(ren) not related to this case (include the city and state where they live).

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

City and State where that child currently resides: \_\_\_\_\_ Other parent name: \_\_\_\_\_

**INFORMATION ABOUT THE CHILD(REN)'S MOTHER**  
**Please provide a copy of the MOTHER'S birth certificate**

Name:	Middle Name:	Last Name:	Maiden Name:
Current Address: Direccion Actual:	City: Ciudad:	State: Estado:	Zip Code Zona postal:

Date of Birth:	SSN #	Phone: ( )	Cell #: ( )
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Is the child's MOTHER currently employed?  Yes  No Annual Income: \$ \_\_\_\_\_

Name of mother's employer

Employer Address:	Phone: ( )
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Height:	Weight:	Race:
Hair color:	Eye color:	Scars/tattoos:

1. Does this child(ren's) MOTHER have an e-mail address?  Yes, **If yes what is the email address?** \_\_\_\_\_  No

2. Alias/Nickname(s) for the MOTHER? \_\_\_\_\_

3. If the date of birth is unknown, give age and month born: \_\_\_\_\_ Where was SHE born? \_\_\_\_\_

4. If the present address is unknown, provide HER last known address (include city, state and zip code \_\_\_\_\_.

5. If the present employer is Unknown, provide her last employer and address, including city, state and zip code \_\_\_\_\_.

6. Is there a protection order/restraining order against HER? Yes, **If yes give the place and date?** \_\_\_\_\_ No

7. Has SHE ever served in the Military? Yes, **If yes what branch and date?** \_\_\_\_\_ No

8. Please check any of the following SHE may have ever received and name the State where the benefits were received:  
Welfare/GR Unemployment Worker's Compensation Social Security Veteran's Benefit

9. Specify any benefits SHE is currently receiving: \_\_\_\_\_

10. Does SHE own any property? Yes, **If yes list address, city and state:** \_\_\_\_\_ No

11. Does SHE visit the child(ren)? Yes, **If yes how often?** \_\_\_\_\_ No

12. Is SHE currently incarcerated? Yes, **If yes give the place and date:** \_\_\_\_\_ No

13. Has SHE been incarcerated before?  Yes, when and where: \_\_\_\_\_  No

14. Does SHE receive mail at this child(ren's) FATHER'S present address? Yes No

15. Has the MOTHER ever lived with the FATHER? Yes, **If yes where and when?** \_\_\_\_\_ No

16. When and where was the last contact you had with HER? \_\_\_\_\_

17. Provide the name of the school and graduation year or last year attended by HER: \_\_\_\_\_

18. List all States where SHE has lived, along with all known addresses: \_\_\_\_\_

19. List all States where SHE may have or had a driver's license: \_\_\_\_\_

20. Has SHE ever provided money, food, clothing, gifts, etc., for the children? Yes, **If yes what/when?** \_\_\_\_\_ No

21. Is the MOTHER for this child(ren) now or has SHE ever been married to someone else?  Yes  No  Unknown

If yes, to whom? \_\_\_\_\_ Date of marriage? \_\_\_\_\_ County and state? \_\_\_\_\_

22. Is the MOTHER now divorced?  Yes  No  Unknown

If yes, to whom? \_\_\_\_\_ Date of divorce? \_\_\_\_\_ County and state? \_\_\_\_\_

23.. Complete the following if SHE has any other child(ren) not related to this case (include the city and state where they live).

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
City and State where that child currently resides: \_\_\_\_\_ Other parent name: \_\_\_\_\_

**PLEASE PROVIDE THE NAME AND ADDRESS OF BOTH PARENTS OF THE MOTHER OF THE CHILD.**

Mother's mother (maternal grandmother)	Date of Birth	Phone: ( )
Address:	City:	State / Zip Code
Mother's father (maternal grandfather)	Date of Birth:	Phone: ( )
Address:	City:	State / Zip Code

If the MOTHER of this child is a minor and SHE is not currently residing with HER mother and/or father, who is the MOTHER'S legal guardian?

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ Relationship to guardian? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE PROVIDE THE NAME AND ADDRESS OF BOTH PARENTS OF THE FATHER OF THE CHILD**

Father's mother (paternal grandmother)	Date of Birth	Phone: ( )
Address:	City:	State / Zip Code
Father's father (paternal grandfather)	Date of Birth	Phone: ( )
Address:	City:	State / Zip Code

If the FATHER of this child is a minor and HE is not currently residing with HIS mother and/or father, who is the FATHER'S legal guardian?

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ Relationship to guardian? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other pertinent information related to this case \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* PLEASE REMEMBER, IF YOU FAIL TO COMPLETE AND RETURN THIS PACKET YOU MAY BE SANCTIONED FROM YOUR ODJFS BENEFITS \*\***

**REMEMBER TO PROVIDE THE FOLLOWING:**

The enclosed packet (it must be completed to the best of your ability).

Any and all court orders pertaining to this child(ren).

The **birth certificate** and **social security cards** for this child(ren) and for the mother of the child(ren)

\*\*\*\*\* THE CSEA DOES NOT VALIDATE PARKING FOR THE PARKING GARAGE \*\*\*\*\*