



BUTLER COUNTY  
CHILD SUPPORT  
ENFORCEMENT AGENCY

Government Services Center, 315 High Street – 7th Floor, Hamilton, Ohio 45011  
513-887-3362 • 1-800-542-0806 • FAX: 513-887-3699 / Middletown: 513-424-5351 • www.butlercountycsea.org

## Request to Reinstate Previously Suspended Support Order

COURT CASE NUMBER(S): \_\_\_\_\_

CSEA SETS ACCOUNT NUMBER(S): \_\_\_\_\_

I, \_\_\_\_\_, as a Party to the child support case(s) listed above, do hereby request the child support orders, and cash medical support orders (*if any*), previously suspended BE REINSTATED.

I understand that in the case of Juvenile Court or Administrative Support Orders this request may be acted upon by the CSEA without a separate court or administrative hearing first being held. I further understand any reinstatement will be prospective only and will not take effect until the first day of the month following the month in which the CSEA receives the properly completed request.

I understand that in the case of Domestic Relations Court Support Orders, the Court will require a hearing on my request and if I fail to attend the hearing my request may be denied. I further understand it is up to the Domestic Relations Court whether or not to grant my request and to determine the proper effective date of reinstatement.

I understand that if the support order(s) are reinstated, the CSEA may limit or decline entirely any requests I may make to suspend the support order(s) in the future.

I understand the CSEA is unable to accept oral reinstatement requests, incomplete, or improperly completed requests. I also understand my signature on this document **MUST BE NOTARIZED** for CSEA to act on my request.

I understand the CSEA, its employees and legal staff in no way represent me and have not, and are not, giving me legal advice, counsel, or representation in this matter. I understand no attorney/client relationship is contemplated or created by the CSEA acting upon my request.

\_\_\_\_\_  
Requesting Party Signature

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_