

Child Support**Identifying Information:**

Patient's Name:	DOB:	Case Number or SSN:
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Inability to Work: To Be Completed by Physician

Is patient able to work?	Yes	No	If unable, explain reason:
FULL time?	<input type="checkbox"/>	<input type="checkbox"/>	
PART time?	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Diagnosis:			
Current Prognosis:			
Expected Date Patient will Resume Working:			
Is patient currently under your care?			
Limitations Upon Return to Work:			

Printed Name of Physician:				
Physician's Signature:				Date:
Street Address:				
City:	State:	Zip:	Phone:	FAX:

Please return completed form to:

Return by Mail	Return by Fax	Main Phone Number
Hamilton County Job & Family Services ATTN: 222 E. Central Parkway Cincinnati, OH 45202	(513) 946 - 2396	(513) 946 - 7387

Please note that completion and submission of this form solely applies to consideration for the administrative reinstatement of Driver's License privileges. Nothing in this document shall be construed as preventing other forms of Support Enforcement activities on the part of Hamilton County Child Support Enforcement Agency. Additional Support Enforcement measures may include (but are not limited to) garnishment of wages, lien imposition, passport restriction and judicial action (in the form of civil or criminal contempt filings). You may wish to consult legal counsel should you have concerns regarding the content of this document.