

Request for Waiver or Compromise of Child Support Arrearage Owed to the State of Ohio

I, _____, request that the Hamilton County Child Support Enforcement Agency (CSEA) review my case and circumstances of financial hardship to negotiate waiver or compromise of child support arrears owed to the State of Ohio for my child(ren) listed below:

Child's Name	Case Number

I understand that neither the CSEA nor the Ohio Department of Job and Family Services is required to grant my request for waiver or compromise of any state owed arrears and that this process has no right of appeal.

Obligor or Obligor's Representative

Date

Instructions for completing Waiver/Compromise Questionnaire:

1. All applicants for waiver or compromise of arrearage are required to answer the following questions fully and completely, under oath. *This means that you must sign the affidavit where indicated on the last page in the presence of a notary public.* The notary public must also sign where indicated.
2. The questions in the affidavit are organized in five sections (**Sections A through E**).
 - ✓ **All applicants** must complete **Sections A & B** and must provide legible copies of the documents described in **Section E**.
 - ✓ **If you are claiming financial hardship due to:**
 - **A medical or psychiatric condition that affects your ability to work**, you must also complete **Section C** and provide the documents described.
 - ✓ **A period of incarceration while your arrearage accumulated**, you must also complete **Section D**.
3. Return this information to:

Hamilton County Job & Family Services
CSEA Enforcement – 2nd Floor
222 E. Central Parkway
Cincinnati, OH 45202

Section A: Personal information and Employment

Full name (first, middle, last)			Last 4 Digits of SSN
Current street address			DOB
City	State	Zip	Home Phone
E-mail address:			Cell Phone
Highest level of education			

1. Provide information about other people residing in your household:

Name (first, last)	Relationship	Age	Employed at:

2. Provide information about your current employment and other jobs you have had in the last five years: (list your current employment first)

Employer Name & Address	Start Date End Date	Hours per week	Hourly rate of pay	Type of work

3. Are you currently unemployed? No; Yes – If yes, explain why you are not working:

4. If you are unemployed, identify and describe any obstacles you feel you have that prevent you from getting a job. _____

5. Do you receive any of the following types of income?

Income Type	No	Yes	If yes, list amount
Workers Compensation			
Unemployment Benefits			
Social Security			

6. Are you self employed? No; Yes – If yes, give name and address of your business.

7. Do you have any felony convictions that you believe are making it more difficult to get a job?
 No; Yes – If yes, complete **Section E**.

8. If you currently employed, but work less than 40 hours per week, describe why you are not working 40 hours per week. _____

Section B: Assets

1. Do you own any vehicles? No; Yes – If yes, complete the following chart. Include cars, trucks, and motorcycles. Attach a photo if the car is over 25 years old.

Make	Model	Year	Mileage	Value	Loan Balance

2. Do you own any other motor vehicles such as boats, personal watercraft, RVs, ATVs, four wheelers?
 No; Yes – If yes, complete the following:

Make	Model	Year	Value	Loan Balance

3. Do you own any stocks, bonds, or investment assets, including but not limited to IRAs, 401(k)s, or other retirement accounts? No; Yes – If yes, complete the following:

Type of asset	Company	Value

4. Are you the beneficiary of any type of trust or life insurance policy? No; Yes – If yes, provide the following:

Type	Company	Value	Policy holder's name & relationship to you

5. Do you own any real estate? No; Yes – If yes, complete the following:

Address	County	Value	Loan Balance	Date purchased

Section C: Medical

1. Do you have a medical or psychiatric condition that limits your ability to work? No; Yes
2. Are you fully disabled or just unable to work 40 hours per week? No; Yes – If yes, describe your condition and the symptoms that limit your ability to work.

3. When did you become unable to work or limited in your ability to work? (Please provide date.)

4. Are you receiving Social Security Disability or Supplemental Security Income? No; Yes – If yes, how much do you receive? _____ Please provide a copy of your award letter.

You must provide documentation of the medical or psychiatric condition.

4. Please attach a legible, written statement from your doctor that provides the following information:
 - ✓ The name of the medical condition that prevents you from working or limits your ability to work a full time job.
 - ✓ The date upon which you became unable to work.
 - ✓ The date, if applicable, that you should be able to return to work.

Section D: Criminal

1. Do you have any felony convictions that you believe are making it more difficult to get a job?
 No; Yes – If yes, complete the following:

County & State where you were convicted	Case Number	Offense

2. Have you ever been incarcerated? No; Yes – If yes, complete the following:

Month & year that incarceration began	Month & Year that incarceration ended	Facility

Section E: Documents

Please attach copies of the following documents:

- Most recent pay stubs or copies of paychecks for the last three months
- Federal tax returns for the last two years, including W2s and any schedules
- Bank statements for the last year – include any accounts on which you are listed as an account holder, both savings and checking accounts
- Stocks, security, bonds, or other investment account statements for the last year
- Pension, 401(k), IRA, or other retirement account statements for the last year
- Most recent mortgage statement (must show balance)
- Most recent statement for any truck, car, or other motor vehicle (must show balance)

I hereby affirm that all answers within this document are true and correct to the best of my knowledge. I also affirm that any attachments or documents provided are true and valid.

Signature of Obligor

Date

**State of Ohio
County of Hamilton**

Sworn before me this _____ day of _____, 20_____, and upon his oath or affirmation after being first duly sworn, affirmed that the foregoing responses were true and correct.

Notary Public

My commission expires: