

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

I am requesting that the Hamilton County Child Support Enforcement Agency (CSEA) review my information to determine whether the child support arrears assigned to the state of Ohio can be waived or compromised based upon my present circumstances. I have a financial hardship which does not allow me to meet this obligation.

Additionally, I reviewed my child support arrears with a CSEA representative and confirmed:

- I owe child support arrears to the State of Ohio. I may have additional arrears owed to the obligee.
- My child support case is arrears only; there is not a current support obligation charging on my case.

SETS Case Numbers	

### ***How do I Request a Compromise or Waiver?***

1. Answer this packet fully, completely, under oath. ***You must sign the affidavit where indicated on the last page in the presence of a notary public.***
2. Return this information to:  
Hamilton County CSEA  
ENF 2<sup>nd</sup> Floor  
222 E. Central Parkway  
Cincinnati, OH 45202
3. Hamilton County CSEA will mail the decision. All decisions are final and not appealable. Your request may be denied if you do not provide the necessary documentation.
  - a. If your request is approved, you will receive additional paperwork for the courts that must be notarized and returned.
4. All steps must be completed for the courts to approve the compromise or waiver.

### ***Attach one of these documents:***

- Income verification – includes but is not limited to pay stubs, 1099 tax filings etc. or benefit award statement (social security, veterans, unemployment); OR
- Medical statement listing condition, timeframe unable to work and return date if applicable if you are not approved for SSI benefits.

### ***Then attach all these documents:***

- Bank statements for the 3 months – include any accounts on which you are listed as an account holder, both savings and checking accounts; and
- Current account statements for income such as stocks, bonds, 401K, IRA, pension; and
- Current mortgage statement for property you own; and
- Current loan statement for land or water vehicles you own

**Section A: Personal Information and Income**

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

1. Are you currently working?  No;  Yes – If yes, attach 4 most recent paystubs.
2. Are you able to work?  No;  Yes – If yes, explain why you are not working. If you are working part time, explain why you are not working full time.

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

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4. Do you receive any of the following types of income? If yes, attach a letter indicating your benefit amount.  
 Workers Compensation;  Unemployment Benefits;  Social Security;  Veterans Benefits

**Section B: Assets**

1. Do you own any vehicles?  No;  Yes – If yes, complete the following chart. Include cars, trucks, boats, motorcycles, and ATV's.

Make	Model	Year	Mileage	Loan Balance

2. Do you own your home?  No;  Yes  
 Do you own rental properties?  No;  Yes – If yes, list the addresses below:

Address	County

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, attach documents stating value.

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

Type	Value	Policy holder's name & relationship to you

**Section C: Medical**

1. Do you have a medical (including psychiatric) condition that limits your ability to work?  
 No;  Yes – If yes, you must provide documentation of the medical condition which states:
- ✓ 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: Incarceration**

1. Do you have any felony convictions?  No;  Yes – If yes, complete the following:

Facility Name	Dates of Incarceration	Offense	Misdemeanor or Felony?

# Application Affidavit

- I have completed this application to the best of my ability and truthfully.
- I am including the additional documentation needed so Hamilton County CSEA may review my request.
- I understand neither the Hamilton County 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
- A compromise does not affect my requirement to pay the full monthly support obligation owed on the support order.
- A compromise or waiver of permanently assigned arrears does not stay or preclude collection of any other arrears or balances.
- Hamilton County CSEA does not represent 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 waiver and/or compromise of arrearages, at this time

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

\_\_\_\_\_  
Obligor Printed Name

\_\_\_\_\_  
Obligor Signature

Date Signed \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Expiration of Commission