

Clermont County CSEA  
2400 Clermont Center Dr., Suite 107  
Batavia, OH 45103  
(513)732-7248  
1-800-571-0943

Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

### **ADMINISTRATIVE ADJUSTMENT REVIEW NOTIFICATION**

In accordance with the Ohio Revised Code section 3119.60, the Clermont County CSEA is conducting a review to determine if an adjustment to your current child support order is warranted.

Your review is scheduled for \_\_\_\_\_, it is not necessary for you to be present. A notice of the results will be forwarded to you by mail with further instructions. Please provide the following information in order to conduct the review:

1. A copy of your most recent income tax return.
2. Copies of all pay stubs obtained in the preceding six months or a verification letter of pay received from your employer.
3. Verification of all other salaries, wages, or compensation received within the preceding six months.
4. If the obligor is assigned to active duty in a branch of the United States Military, a copy of the most Recent Leave and Earnings Statement (LES).
5. The attached income affidavit/questionnaire.
6. Other information relevant to properly review the child support order.

If your child support order is a court issued order, willful failure to comply, by not thoroughly completing the attached and providing proof of specific documentation, is contempt of court and may result in the agency making reasonable assumptions regarding your income. The agency may also issue a subpoena to your employer to produce evidence regarding your income and medical benefits.

If your child support order is a CSEA issued order and you fail to comply with this request for information, the Agency may bring an action under section 3119.72 of the Ohio Revised Code, requesting that the court find you in contempt pursuant to section 2705.02 of the Ohio Revised Code which may result in the agency taking whatever action is necessary to obtain the information and make any reasonable assumptions necessary with respect to the information you did not provide to ensure a fair and equitable review of the child support order.

Willful failure to provide documents and any other information requested shall, pursuant to section 3319.60 of the Ohio Revised Code, be considered contempt of court.

Should you have any questions regarding this procedure or the request for income information, please call 513-732-7248.



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

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Is this a **new** address? \_\_\_ yes \_\_\_ no

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Is this job seasonal? \_\_\_ yes \_\_\_ no

Address: \_\_\_\_\_

Pay frequency: \_\_\_ weekly \_\_\_ monthly \_\_\_ bi-weekly \_\_\_ semi-monthly \_\_\_ other: \_\_\_\_\_

Starting date of employment \_\_\_\_\_ Pay rate: \_\_\_\_\_ per hour Hours per week: \_\_\_\_\_

If not employed, do you receive public assistance money? \_\_\_ yes \_\_\_ no

Do you have a second job? \_\_\_ yes \_\_\_ no Starting date of employment \_\_\_\_\_

Employer: \_\_\_\_\_ Phone number \_\_\_\_\_

Address: \_\_\_\_\_ Pay rate: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Do you have rental property? \_\_\_ yes \_\_\_ no If yes, monthly adjusted gross income from rental property \$ \_\_\_\_\_

Is the other parent on this case employed? \_\_\_ yes \_\_\_ no

If yes, provide a name & address of employer: \_\_\_\_\_

If they have a second job please list name & address of employer: \_\_\_\_\_

If you know their previous employer please list name and address: \_\_\_\_\_

List minor children living in your home from **this case and order only**:

1. \_\_\_\_\_ DOB \_\_\_\_\_ 3. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_ 4. \_\_\_\_\_ DOB \_\_\_\_\_

Are any of the children listed above/over age eighteen and no longer attending school? \_\_\_\_\_

List minor children living in your home born to you and another person (not from this case (stepchild(ren) are not included):

1. \_\_\_\_\_ DOB \_\_\_\_\_ 3. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_ 4. \_\_\_\_\_ DOB \_\_\_\_\_

Do you receive current support for any of the minor children born to you and another person that are not included in this order? \_\_\_ Yes \_\_\_ No

If yes, County: \_\_\_\_\_ Case No.: \_\_\_\_\_ \$ \_\_\_\_\_ per month, per \_\_\_ child(ren)

County: \_\_\_\_\_ Case No.: \_\_\_\_\_ \$ \_\_\_\_\_ per month, per \_\_\_ child(ren)

Are you under a court order to pay child support for children other than this case? \_\_\_ Yes \_\_\_ No

If yes, County: \_\_\_\_\_ Case No: \_\_\_\_\_ \$ \_\_\_\_\_ per week, per \_\_\_\_\_ Child(ren) Arrearage \$ \_\_\_\_\_ per week

County: \_\_\_\_\_ Case No: \_\_\_\_\_ \$ \_\_\_\_\_ per week, per \_\_\_\_\_ Child(ren) Arrearage \$ \_\_\_\_\_ per week

Do you pay spousal support on this case or any other cases ? \_\_\_ Yes \_\_\_ No

If yes, County: \_\_\_\_\_ Case No.: \_\_\_\_\_ \$ \_\_\_\_\_ per month

Do you provide health insurance for the children of this order? \_\_\_ Yes \_\_\_ No

If yes: a. Provide copy of the insurance card.

b. Cost of premium payment? \$ \_\_\_\_\_ per \_\_\_\_\_ (week/month)

c. What is your deductible? \$ \_\_\_\_\_

d. Does this plan include: Dental? \_\_\_ Yes \_\_\_ No Vision? \_\_\_ Yes \_\_\_ No

e. Is coverage provided by current spouse? \_\_\_ Yes \_\_\_ No

f. Provide copy of the cost of coverage. (i.e pay stub, letter from employer, etc.)

g. What is the beginning date of coverage? \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_ Individual No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Group No.: \_\_\_\_\_

What would it cost you for single coverage? \$ \_\_\_\_\_ per \_\_\_\_\_ (week/month)

If you do not provide insurance coverage for the children, does your employer provide a health insurance plan to employees? \_\_\_ Yes \_\_\_ No

If yes: a. What would the premium cost if the children were covered?

\$ \_\_\_\_\_ per \_\_\_\_\_ (week/month)

Single coverage? \$ \_\_\_\_\_ per \_\_\_\_\_ (week/month)

b. What would your deductible be? \$ \_\_\_\_\_

c. Would this plan include: Dental? \_\_\_ Yes \_\_\_ No Vision? \_\_\_ Yes \_\_\_ No

Do you have income from: Unemployment Compensation \$ \_\_\_\_\_

Worker's Compensation or Disability Insurance \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

If you are unemployed and unable to work, you must provide a doctor's statement and/or proof of disability benefits. The doctor's statement must include a diagnosis and prognosis as it relates to your ability to work.

If you are receiving unemployment, you must provide:

a. Proof of the date your unemployment started.

- b. The amount received (i.e. statement of benefits)
- c. The duration of eligibility
- d. When or if you are expected to return to former employment

List your previous employer's name and telephone number:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly state reason for leaving: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ through \_\_\_\_\_ Rate of pay \$ \_\_\_\_\_  
hours/week

If you are laid off, is it temporary? \_\_\_\_ Yes \_\_\_\_ No

If you are self employed, you must provide:

- a. All attachments from you income tax returns for the last three years including Schedule C.
- b. All balance sheets and financial statements for the last three years.
- c. A list of all benefits paid by your business (i.e. insurance, company care, telephone, etc.)

Do you own any real estate? \_\_\_\_ Yes \_\_\_\_ No

- If yes:
- a. Location: \_\_\_\_\_
  - b. Approximate value \$ \_\_\_\_\_
  - c. Balance due on mortgage \$ \_\_\_\_\_

Do you own any stocks or bonds? \_\_\_\_ Yes \_\_\_\_ No If yes, state:

- a. Number of shares \_\_\_\_\_
- b. Value \$ \_\_\_\_\_

Do you have funds on deposit in any bank or financial institution? \_\_\_\_ Yes \_\_\_\_ No

If yes: Financial Institution or bank \_\_\_\_\_ Amount \$ \_\_\_\_\_

If you worked overtime and/or received bonuses last year, list the last three calendar years of overtime and/or bonuses amounts:

	Regular Pay	Overtime/Bonuses
20__	\$ _____	\$ _____
20__	\$ _____	\$ _____
20__	\$ _____	\$ _____

Do you pay local taxes? \_\_\_\_ Yes \_\_\_\_ No

If yes, what is the percentage of the local income tax? \_\_\_\_\_

Do you pay union dues? \_\_\_\_ Yes \_\_\_\_ No If yes, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

If you are incarcerated, state reason for incarceration \_\_\_\_\_

Is the offense relating to the abuse or neglect of a child who is the subject of this order? \_\_\_\_ Yes \_\_\_\_ No

Is the other party to this child support order the victim of the offense? \_\_\_\_ Yes \_\_\_\_ No

If you are incarcerated, list all assets and value. \_\_\_\_\_

Are there any matters relating to child support or custody of the children currently pending in court?

\_\_\_\_ Yes \_\_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_