Ohio Department of Job and Family Services

REQUEST FOR CASE INFORMATION

In accordance with Ohio Administrative Code rule 5101:12-1-20 and its supplemental rules, case information may only be disclosed to an authorized requestor for an authorized purpose. This form must be completed and signed in order to obtain information contained in any case record. Should your request fall outside the scope of the rule, your request for information will be denied.

Section A – *To be completed by all requestors*

1. Requestor's Information

Name: _____ Address: _____

Title: _____ Address line 2: _____

Telephone Number: _____ City/State/Zip: _____

Request regarding: _____ SSN of party: _____

SETS case #: _____ Order #: _____

Other case parties: _____

_____

☐ Check if you have received written permission from a case participant for information. (Original document must be attached)

2. The requestor is: (check one below)

☐ County Agency or Contract Staff (Complete **Sections C & D**)
Name of County Agency: _____
If contract staff, name of vendor: _____

☐ State Agency or Contract Staff (Complete **Sections B & D**)
Name of State Agency: _____
If contract staff, name of vendor: _____

☐ County Court (Complete **Sections B & D**)
Name of Court: _____

☐ Other (complete **Sections B & D**)
Title/Relationship to case: _____

Section B

1. Request Purpose (check all that apply)

☐ Location ☐ Paternity Establishment ☐ Support Collections/Disbursements
☐ Audit ☐ Support Establishment/Review ☐ Enforcement
☐ Other: _____

Section C

1. Request Purpose(check all that apply)

☐ IV-A (OWF) Eligibility ☐ Food Stamps Eligibility ☐ IV-E (PCSA)
☐ Medicaid Eligibility ☐ Title XX Eligibility ☐ Fraud Investigation
☐ Workforce Development ☐ Other: _____

Section D

1. Describe the information you are requesting and how the requested information will be utilized (attach additional pages if needed):

By my signature below, I attest that the information I have provided on this form is complete and accurate and that any information provided to me as a result will be utilized only for the purpose described above.

Signature Date

For mailed or faxed information request from individuals, this document must be notarized.

Before me appeared the above named person who signed this affidavit under oath or by affirmation on this _____ day of _____, in the year _____.

Signature of Notary Public *Commission Expires*