

CHILD SUPPORT

ENFORCEMENT AGENCY

WARREN COUNTY, OHIO

500 Justice Drive ▪ Lebanon, Ohio 45036

Phone: (513) 695-1580 / Toll Free: (800) 644-2732

Fax: (513) 695-2969

Prosecuting Attorney
David P. Fornshell

Director, CSEA
Thomas E. A. Howard

<http://www.co.warren.oh.us/wcchildsupport>

E-mail: wccsea@jfs.ohio.gov

Date: _____

Name: _____

Child(ren): _____

Address: _____

Case Number(s): _____

SETS Number(s): _____

Obligee(s): _____

REQUEST FOR THE MODIFIED MONTHLY PAYMENT PROGRAM

I am requesting an administrative review and adjustment of my current arrears only child support order based upon the following reason (please check the appropriate box):

- Note: I understand that the income amounts and changes in circumstances that warrant a review apply to the parents of the order. Income and circumstances of a caretaker do not warrant a request for review and are not used in the calculation.

I have been making my monthly obligation in full and on time for the past six months and the monthly ordered amount is no longer manageable for me due to (explain below):

I am receiving SSI and/or SSD (documentation required).

OR

I have NOT been making my monthly obligation in full and on time for the past six months due to (explain below):

I am currently unemployed or have been laid off beyond my control for sixty consecutive days. This DOES NOT include seasonal employment (documentation required).

If your request is approved, a packet will be sent out via mail to you at your last known address. The packet will request you provide financial information, including but not limited to completing a financial affidavit, medical support information, and any other relevant information necessary to properly review the order. You will have 15 days to return the packet back to the CSEA.

If your request is denied or does not meet the criteria, the CSEA will send you a notice of denial.

- Note: If your request is denied, you are not eligible to reapply for the MMPP for 6 months from the denial date.

Please provide your current address if it different from page one: _____

Signature

Printed Name

Date

Phone Number

Email