

Date: February 28, 2019

Case Number:
Order Number:

Child Support Obligor:
Child Support Caretaker:
Child Support Other Parent:

Request for an Administrative Review of the Child Support Order

I request an administrative review and adjustment of my child support order, including the medical support provisions and any arrears payments, as set forth in the Ohio Administrative Code (OAC) rules 5101:12-60-05 to 5101:12-60-05.6 for the following reason (please check the appropriate box):

- It has been **at least 36 months** since the date of the most recent child support order.
- It has been **less** than 36 months since the date of the most recent child support order, however, a change in circumstance has occurred, as indicated below, which may mandate a review and adjustment to my current order. I have attached any required documentation supporting my below changed circumstance to this form.

*****Failure to attach documentation to support your below claim, may result in the denial of your request.*****

1. The existing order was established by using a minimum or a reduced amount of income due to the unemployment or underemployment of the Obligor at that time and the Obligor is no longer unemployed or underemployed. **I have attached documentation or information supporting this claim.**
2. I or the other party is unemployed or laid off, which is beyond the party's control and has continued uninterrupted for thirty (30) consecutive days. **I have attached documentation of the unemployment or layoff, including proof that the unemployment or lay off is beyond the party's control.** If the amount of the existing support order was calculated based on the annual income of a party who is employed in seasonal work and this request is being made because that party is unemployed due to the nature of the seasonal business, the request will not be accepted under this circumstance alone.
3. I or the other party is unemployed due to a plant closing or mass layoff as defined in the Workers Adjustment and Retraining Notification (WARN) Act, 29 U.S.C §2101 et seq. The administrative review request may only be made after the worker's last day of employment and **must be accompanied with a copy of the worker's notice of plant closure or mass layoff** provided to them pursuant to the WARN Act provisions.
4. I or the other party is permanently disabled reducing his or her earning ability. **I have attached verification of benefits being received by the disabled party from the Social Security Administration due to the disability and/or a physician's complete diagnosis and permanent disability determination.**
5. I or the other party is institutionalized or incarcerated and cannot pay support for the duration of the child's minority and no income or assets are available to the party which could be levied or attached for support. **I have attached documentation of the institutionalization or incarceration and inability to pay support during the child's minority.**
6. I or the other party has experienced a thirty (30%) percent increase or decrease in gross income or income-producing assets, which is **beyond the party's control** and has continued for a period of **at least six (6) months.** **I have attached documentation or information supporting the increase or decrease in income for the 6 month period.**

7. The child support order is not in compliance with the Ohio Child Support Guidelines due to the termination or emancipation of the support obligation for a child of the existing support order.
8. The other party and I have a child in common and I want to have that child added to an existing administrative child support order or I want to consolidate two or more administrative child support orders for children I have in common with the other party.
9. I want to access available or improved private health insurance coverage that is available for the child. **I have attached documentation supporting the claim that access to new or improved private health care insurance is available.**
10. I or the other party has experienced an increase or decrease in the cost of ordered private health insurance coverage or the child care for the child which is expected to result in a change of more than ten (10%) percent to the child support obligation based on the current Child Support Guidelines calculation. **I have attached documentation or information supporting this claim, including documentation stating the difference in cost between a family plan and the cost of an individual plan.**
11. The private health insurance that is currently being provided in accordance with the child support order is no longer reasonable in cost and/or accessible. I have attached documentation supporting this claim.
12. I am the Obligor and I assert that my annual gross income is now below 150% of the federal poverty level and I should not be ordered to pay a cash medical support order (the federal poverty guidelines can be found at <http://www.aspe.hhs.gov/poverty> or by contacting the CSEA.) **I have attached documentation or information supporting this claim.**
13. I am the Obligor and I am a member of the uniformed services who has been called to active service for a period of thirty (30) days or more. If I have checked this box, I have attached a military Power of Attorney to permit a designated person to act on my behalf in the administrative review.
14. A temporary adjustment order pursuant to OAC rule 5101:12-60-05.2 was issued, the Obligor's term of active military service has ended and the Obligor had provided the CSEA with documentation proving that the Obligor's employer has violated the Uniformed Services Employment and Reemployment Rights Act, 38 U.S.C. 4301 to 4333.

Ohio law requires that a local CSEA provide child support enforcement services on all child support cases, including the review and adjustment of a child support order. However, an "IV-D case" is eligible for additional services that are not available to a "non-IV-D case." If you have a "non-IV-D case" you may contact the CSEA for information about completing an IV-D application.

Within 15 days of receiving your request for an administrative review and adjustment and necessary attached documentation, the CSEA will review your request and determine whether or not to accept the request. If the request is accepted, a **review and adjustment notification** indicating the date the review will be conducted will be mailed to the parties. In order for the CSEA to complete and conduct your administrative review and adjustment, **you will be required to complete the notification and attach documents** supporting your current financial information, medical support information and any other information relevant to your situation in order for us to ensure an accurate support calculation. If your request is denied, the CSEA will notify you by mail.

If your review request is accepted and a review date is scheduled, you will not be able to cancel the review on or after the date it is scheduled to occur. Please be advised that an administrative review can result in an increase, decrease or no change in your current support and/or medical order.

PLEASE LIST THE DOCUMENTS YOU HAVE ATTACHED: _____

Please provide your current contact information:

Address: _____

Signature _____

Email: _____

Date: _____

Daytime Phone Number: _____

Requesting a Review?

Here are some facts about the review process:

- Each party to a support order has a **right** to request a review (sometimes called a modification) once every thirty-six months (36) from the effective date of the order or upon the happening of a special circumstance as indicated on the enclosed ***JFS 01849 - Request for an Administrative Review of the Child Support Order*** form, items 1-14.
- Once a review request is accepted by the CSEA, both parties will be mailed a ***JFS 07606 - Administrative Adjustment Review Notification***. You will have 45 days to complete and return the notice; along you're your income and health insurance verifications to the CSEA. If you fail to return the ***JFS 07606 - Administrative Adjustment Review Notification***, but complete and return the enclosed **Review and Adjustment Information Sheet** along with the signed enclosed ***JFS 01849 - Request for an Administrative Review of the Child Support Order*** and provide income and health insurance verifications, the CSEA may elect to proceed with the review on its scheduled date without the completed ***JFS 07606 - Administrative Adjustment Review Notification*** and your verifications.
 - **Cancelling the Review** - If the requesting party wishes to cancel their review, they must do so in writing before the date in which the review is scheduled to be conducted.
 - Both parties will be required to submit documentation pertaining to their income and availability of private health insurance. **Failure to turn in verifications along with your affidavit may result in no credit being given.**
 - If you are the non-requesting party and you fail to return your notice or provide verifications, the review will not be cancelled and the CSEA will make **reasonable assumptions** regarding your income.
 - All reviewed child support orders must be calculated with health insurance obligations. In the case where a non-custodial parent is responsible for health insurance and does not provide that coverage, a cash medical charge will be assessed to that person.
- **Consolidation** - If you have more than one case with the same party, the CSEA will screen and if appropriate, make a recommendation to consolidate your cases with the same party into the oldest order number, along with the revised support recommendation. A consolidation is beneficial for efficient administration of your support orders and provides consistent treatment for the children you have in common with the same party. It will not lower or increase the amount of support you will be required to pay or receive under the guidelines, but it will limit confusion by reducing the number of income withholdings, support orders and medical orders you may have.
- Once the information is collected, the CSEA will review the income/earnings of both parties and determine if a change in the support and/or medical order is warranted. **Please be aware that a review can result in an upward, downward or no change modification of your support order.**

Review Information Sheet

Your Name: _____ Soc. Sec. Number: _____ Sets Case No.: _____

Contact phone number: _____ Current Address: _____

Number of children in your household: _____ How many are your biological children: _____ (attach copies of birth certificates)

Current Employer: _____ Phone number: _____ Date began working: _____

Do you work: Full time: or Part time: ; Average # hours worked per week: _____

Rate of Pay: Hourly/Salary amount: _____ per month; Shift premium: _____; Union Dues paid: _____ per month

Frequency of pay: Weekly: Every other week: Twice a month (1st & 15th): Monthly:

Second Employer (if applicable): _____ Phone number: _____ Date began working: _____

Do you work: Full time: or Part time: ; Average # hours worked per week: _____

Rate of Pay: Hourly/Salary amount: _____ per month; Shift premium: _____; Union Dues paid: _____ per month

Frequency of pay: Weekly: Every other week: Twice a month (1st & 15th): Monthly:

Unemployment Benefits Received: _____ Monthly Benefit amount: _____ Date started: _____

I am unemployed and NOT receiving unemployment benefits (please specify how you are supporting yourself): _____

Have you been incarcerated: If so, specify dates of incarceration: _____

Do you receive any other type of income (SSD, SSI, SSA, BWC or pension)? _____ If so, please specify type of benefit _____

If so, how much are you entitled to receive each month: _____

Are any of your children receiving payments directly from your social security benefit?

If so, please specify child's name and monthly amount received below:

Child's Name: _____ Monthly amount of direct pay: _____

Child's Name: _____ Monthly amount of direct pay: _____

Child's Name: _____ Monthly amount of direct pay: _____

My last job was: _____

Dates of employment: _____ Amount of pay: _____ Average hours worked per week: _____

My usual occupation is: _____

Last grade completed in high school: _____ Diploma or GED earned: _____

College attended: _____ Major or trade: _____ Degree earned: _____ Years attended: _____

Do you have health insurance available for your children? _____ If so, are you providing insurance for them? _____

If yes, how much does your employer charge for single coverage and family coverage? (provide a copy of the insurance card)

Single coverage per pay _____ Family coverage per pay _____

Do you pay court ordered child support for a child/children not of this order in another State? If so, please provide:

Name of child: _____ Monthly amount paid: _____ State/agency paid: _____

Do you pay child care or day care expenses for the children of this support order?

If so, how much do you pay per week? _____ Who do you pay? _____

By completing the form and attaching the required verifications, the CSEA may chose to proceed with your review without the review Affidavit. If you wish to cancel your review after completing this form, you must do so in writing to the Lucas County CSEA, prior to the date on which your review is scheduled to be conducted.

*****If you need additional space, please attach a blank sheet or write on back*****