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IN THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH

MAGISTRATE'S ORDER / ORDER AND NOTICES TO OBLIGOR AND OBLIGEE, PAYOR, AND INSURER

In the matter of: _____ or

_____

PLAINTIFF/PETITIONER
DOB: _____ SSN: XXX-XX-
Driver's License Number: _____
Residence Address:

_____

_____

_____

Residence Phone: _____
Mailing Address (If Different):

_____

_____

_____

Health Insurer: _____
Address: _____

_____

_____

Policy Number: _____

_____

DEFENDANT/PETITIONER
DOB: _____ SSN: XXX-XX-
Driver's License Number: _____
Residence Address:

_____

_____

_____

Residence Phone: _____
Mailing Address (If Different):

_____

_____

_____

Health Insurer: _____
Address: _____

_____

_____

Policy Number: _____

CASE NO: _____
SETS NO: _____
JUDGE: _____

Full Names of Children Subject to Child Support Order:
Name: _____
DOB: _____
Name: _____
DOB: _____
Name: _____
DOB: _____
Name: _____
DOB: _____
Name: _____
DOB: _____
Name: _____
DOB: _____

CHECK WHICH PARTY IS TO BE REIMBURSED FOR OUT-OF-POCKET MEDICAL, OPTICAL, HOSPITAL, DENTAL OR PRESCRIPTION EXPENSES PAID FOR THE CHILD AS PROVIDED IN PARAGRAPH 18 ON PAGE 3.

☐ Plaintiff ☐ Defendant
☐ Petitioner-Wife ☐ Petitioner-Husband
☐ Other Party (Specify Name and Address)

Name: _____
Address: _____

_____

_____

PAYOR: Employer/ Income Withholder/Financial Institution:

_____

Address: _____

_____

_____

Employee Identification Number of Financial Institution Account Number

The Court has issued or modified a support order. Therefore, the following notices and orders shall issue.

It is ORDERED, ADJUDGED, AND DECREED that the Health Plan Administrator do the following:

1. A health plan administrator that receives a copy of an order or notice described in sections 3119.30, 3119.36 or3119.421 of the Revised Code shall complete and comply with the notice in accordance with its instructions, federal regulations, and any rules adopted by the department of job and family services under Revised Code 3119.51. A health plan administrator that provides health insurance coverage for the children who are the subject of a child support order in accordance with the child support order or a notice sent by an employer pursuant to R. C.3119.36 **shall reimburse the individual who is designated to receive reimbursement in the child support order as stated on page one of this order, for covered out-of-pocket medical, optical, hospital, dental, or prescription expenses incurred on behalf of the children.**

For child support orders issued between July 21, 2008 and March 27, 2019, it is further ORDERED, ADJUDGED AND DECREED that: (Check applicable box in paragraphs 2 through 5)

☐ 2. The obligor under the child support order shall obtain private health insurance coverage for the children if coverage is available through a group policy, contract, or plan available to the obligor at a more reasonable costs than coverage is available to the obligee.

☐ 3. The obligee under the child support order shall obtain private health insurance coverage for the children if coverage is available through a group policy, contract, or plan available to the obligee and is available at a more reasonable cost than coverage is available to the obligor.

☐ 4. If health insurance coverage for the children is not available at a reasonable cost to the obligor or the obligee, the obligor and the obligee shall immediately inform the child support enforcement agency that private health insurance coverage for the children has become available to either the obligor or obligee. The child support enforcement agency shall determine if private health insurance coverage is available at a reasonable cost and if coverage is available, shall apply R. C.3119.30(B)(2) or (3), as applicable.

☐ 5. Both the obligor and the obligee under the child support order shall obtain private health insurance coverage for the children if coverage is available for the children at a reasonable cost to both the obligor and the obligee and dual coverage would provide for coordination of medical benefits without unnecessary duplication of coverage.

For child support orders issued on or after March 28, 2019, it is further ORDERED, ADJUDGED AND DECREED that: (Check applicable box in paragraphs 6 through 10)

☐ 6. The child support obligee shall obtain or maintain private health insurance coverage for the children because the child support obligee has available private health insurance that is reasonable in cost and is rebuttably presumed to be the appropriate parent to provide health insurance coverage for the children.

☐ 7. Neither party shall be the health insurance obligor. The presumption that the child support obligee is presumed to be the health insurance obligor is rebutted because the child support obligee is a non-parent individual or agency that has no duty to provide medical support, and the obligor does not have health insurance available at a reasonable cost.

☐ 8. The child support obligor shall be the health insurance obligor and obtain private health insurance for the children because the child support obligor has health insurance coverage available for the children that is reasonable in cost, or has access to private health insurance for the children that is not reasonable in cost and requested to be named the health insurance obligor, or the child support obligor already has health insurance coverage in place for the children.

☐ 9. The child support obligor and child support obligee shall each be a health insurance obligor because both parents have health insurance coverage in place or health insurance coverage available for the children that is reasonable in cost and dual coverage would provide for coordination of medical benefits without unnecessary duplication of coverage.

☐ 10. Private health insurance is not available at a reasonable cost to the child support obligor or obligee.

11. In accordance with ORC section 3119.30(B) (2), the child support obligee shall obtain private health insurance coverage for the children not later than thirty days after it becomes available to the child support obligee at a reasonable cost, and to inform the child support enforcement agency when private health insurance coverage for the children has been obtained.

In accordance with ORC section 3119.30(B)(3), if private health insurance becomes available to the child support obligor at a reasonable cost, the child support obligor shall inform the child support enforcement agency and he/she may seek a modification of health insurance coverage from the Court with respect to a court child support order, or from the agency with respect to an administrative support order.

It is further ORDERED, ADJUDGED AND DECREED that:

12. All parties to this order shall notify the FCCSEA in writing of your current mailing address, current residence address, current residence telephone number, current driver's license number, and of any changes to that information. The parties affected by the support order shall inform the FCCSEA of any change of name or change of conditions that may affect the administration of the order. Until further notice, all parties shall notify the FCCSEA of any change in information immediately after the change occurs. A WILLFUL FAILURE TO SUPPLY THE FRANKLIN COUNTY CHILD SUPPORT ENFORCEMENT AGENCY WITH ALL CHANGES IS CONTEMPT OF COURT.

13. The obligor shall immediately notify the FCCSEA in writing of any change in your income source and of the availability of any other sources of income that can be the subject of withholding or deduction, the nature of any new employment or income source and the name, business address and telephone number of the new employer or income source. Additionally, if support is being deducted from the obligor's financial account, the obligor shall immediately notify the FCCSEA in writing of any change in the status of the account from which the support is being deducted or the opening of a new account with any financial institution, the nature of the new account opened at a financial institution and the name and business address of that financial institution, or the commencement of employment, including self-employment, or of the availability of any other sources of income that can be the subject of withholding or deduction. If support is being deducted from a financial account, upon commencement of employment the obligor may request that the Court or the FCCSEA cancel its deduction notice and issue a withholding notice to collect support amounts.

14. An obligor who fails to comply with a child support order issued in accordance with R.C. 3119.30, is liable to the obligee for any medical expenses incurred as a result of the failure to comply with the order. An obligee who fails to comply with a child support order issued in accordance with R.C.3119.30, is liable to the obligor for any medical expenses incurred as a result of the failure to comply with the order.

15. Whoever violates an order issued under R.C.3119.30 may be punished as for CONTEMPT under R.C. Chapter 2705. If a person is found in contempt under R.C. Chapter 2705 for failing to comply with a court child support order issued in accordance with R.C. 3119.30 and the person previously has been found in contempt under that chapter, the Court shall consider the failure to comply with the order as a change of circumstances for the purpose of modification of the amount of support due under the court child support order issued in accordance with R.C.3119.30 to which the person is subject.

16. A party to a child support order issued in accordance with R.C.3119.30 shall notify any physician, hospital, or other provider of medical services that provides medical services to a child who is the subject of the child support order of the number of any health insurance or health care policy, contract, or plan that covers the child if the child is eligible for medical assistance under R.C. sections 5161.15 to 5161.17 or Chapter 5111 or 5115 of the Revised Code. The party shall include in the notice the name and address of the insurer. Any physician, hospital, or other provider of medical services for which medical assistance is available under sections 5161.15 to 5161.17 or Chapter 5111 or 5115 of the Revised Code, who is notified of the existence of a health insurance or health care policy, contract, or plan with coverage for children who are eligible for medical assistance shall first bill the insurer for any services provided for those children. If the insurer fails to pay all or any part of a claim filed under R.C.3119.54 and the services for which the claim is filed are covered by sections 5161.15 to 5161.17 or Chapter 5111 or 5115 of the Revised Code, the physician, hospital, or other medical services provider shall bill the remaining unpaid costs of the services in accordance with sections 5161.15 to 5161.17 or Chapter 5111 or 5115 of the Revised Code.

17. If an obligor is in default under a support order and has a claim against another person of more than one thousand dollars, the obligor shall notify the FCCSEA of the claim, the nature of the claim, and the name of the person against whom the claim exists in accordance with R.C. 3123.19. If an obligor is in default under a support order and has a claim against another person or is a party in an action for any judgment, the FCCSEA or its attorney, on behalf of the obligor, immediately shall file with the Court in which the action is pending a motion to intervene in the action or a creditor's bill.

18. During the time that any child support order issued in accordance with R.C.3119.30 or a notice issued pursuant to section 3119.33 or 3119.34 of the Revised Code is in effect and after the employer has received a copy of the order or notice, the employer of the person required to provide health insurance coverage shall comply with the order or notice, and on request from the other parent, any person subject to an order issued under R.C.3109.19 or the FCCSEA, the employer of a person required to provide health insurance coverage under a child support order shall release to the other parent, person, and the FCCSEA all information about the health insurance coverage that is necessary to ensure compliance with R.C.3119.30, or a notice issued under R.C.3119.33 or R.C.3119.34, including, but not limited to, the name and address of the health plan administrator, and any policy, contract, or plan number. Any information provided by an employer pursuant to R.C.3119.362 shall be used only for the purpose of the enforcement of an order issued in accordance with R.C.3119.30, or a notice issued under R.C. 3119.33 or R.C.3119.34.

19. Any employer who receives a copy of an order or notice described in sections 3119.30, 3119.33 or 3119.34 of the Revised Code, shall notify the FCCSEA of any change in or the termination of the health insurance coverage that is maintained pursuant to the order or notice.

20. Pursuant to Revised Code Section 3119.32, the obligor, obligee, or both the obligor and obligee, whoever is required to provide private health insurance coverage for the children, shall provide to the other, not later than thirty days after the issuance of the order, information regarding the benefits, limitations, and exclusions of the coverage, copies of any insurance forms necessary to receive reimbursement, payment, or other benefits under the coverage, and a copy of any necessary insurance cards.

21. In addition to those plans listed on page 1 of this order, the Court finds the following group health insurance policies, contracts, and plans are available to the obligor or obligee at a reasonable cost: AVAILABLE TO OBLIGOR:_____ AVAILABLE TO OBLIGEE: _____

22. The health plan administrator that provides the private health insurance coverage for the children may continue making payment for medical, optical, hospital, dental, or prescription services directly to any health care provider in accordance with the applicable private health insurance policy, contract, or plan, and shall reimburse the person designated on page one of this order for out-of-pocket medical, optical, hospital, dental or prescription expenses paid for each child who is the subject of the support order.

23. The person required to provide private health insurance coverage for the children shall designate the children as covered dependents under any private health insurance policy, contract, or plan for which the person contracts.

24. The obligor, the obligee, or both of them under a formula established by the Court shall pay co-payment or deductible costs required under the private health insurance policy, contract, or plan that covers the children.

25. The obligor and the obligee shall comply with any requirement set forth in paragraphs 2, 3, 4, 5, 6, 7, 8, 9, 10, 20, and 23 of this order no later than thirty days after the issuance of the order.

26. The employer of the person required to obtain private health insurance coverage is required to release to the other parent, any person subject to an order issued under R.C.3109.19, or the FCCSEA on written request any necessary information on the private health insurance coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and to otherwise comply with R.C.3119.32 and any order or notice issued under R.C.3119.32.

27. If the person required to obtain health insurance coverage pursuant to a child support order issued in accordance with R.C.3119.30 does not obtain the required coverage within thirty days after the order is issued, the FCCSEA shall notify the Court in writing of the failure of the person to comply with the child support order.

28. If the person required to obtain private health care insurance coverage for the children subject to this child support order obtains new employment, the agency shall comply with the requirements of section 3119.34 of the Revised Code, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the children in private health care insurance coverage provided by the new employer.

29. **For child support orders issued between July 21, 2008 and March 27, 2019**: Upon receipt of notice by the child support enforcement agency that private health insurance coverage is not available at a reasonable cost, cash medical support shall be paid in the amount as determined by the child support computation worksheets calculated under the support guidelines required by the Revised Code sections in effect prior to March 28, 2019. The child support enforcement agency may change the financial obligations of the parties to pay child support in accordance with the terms of the court order and cash medical support without a hearing or additional notice to the parties.

31. Any notice required by this entry shall be sent to: **Franklin County Child Support Enforcement Agency, 80 East Fulton Street, Columbus, Ohio 43215, Attention: Notice Officer.**

32. If any orders contained herein conflict with orders contained in the decree of divorce, dissolution or legal separation, the orders contained in the decree of divorce, dissolution or legal separation shall control.

DATE PREPARED: _____

PREPARED BY:
- ☐ THE COURT - (614) 525-4232
- ☐ FCCSEA / LITIGATION SECTION - (614) 525-3275
- ☐ FCCSEA / ENFORCEMENT SECTION - (614) 525-3275
- ☐ ATTORNEY FOR PLAINTIFF/PETITIONER / DEFENDANT/PETITIONER

ATTORNEY NAME: _____

ATTORNEY REGISTRATION NUMBER: _____

ADDRESS: _____

_____

PHONE: _____

Signature Page Attached

JUDGE / MAGISTRATE

Franklin County CSEA
80 East Fulton Street
Columbus, OH 43215

Telephone Number: (614) 525-3275
Toll Free Number: (800) 827-3740
Fax Number: (614) 525-8523

Name of the Income Provider _____
Address of Income Provider _____
Address of Income Provider _____
City State and Zip of Income Provider _____
Income Provider County _____

Attention Employers: An employer resource guide is available that outlines employer responsibilities and provides answers to commonly asked employer questions. Please visit the Ohio Office of Child Support website at **jfs.ohio.gov/ocs** and click on the Employer Information link to download a copy.

INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154
Expiration Date: 09/30/2023

I. Sender Information: (Completed by the Sender) **Date:** _____

☐ **INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT** ☐ **AMENDED IWO**
☐ **(IWO) ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT** ☐ **TERMINATION OF IWO**

☐ Child Support Enforcement (CSE) Agency ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory **Ohio** Remittance ID (incl w/pymt) _____
City/County/Dist./Tribe Franklin Order ID _____
Private Individual/Entity _____ Case ID _____

II. Employer and Case Information: (Completed by the Sender)

Employer/Income Withholder's Name
Employer/Income Withholder's Address

RE:
Employee/Obligor's Name (Last, First, Middle)
XXX-XX-
Employee/Obligor's Social Security Number
Employee/Obligor's Date of Birth
Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)

III. Order Information: (Completed by the Sender)

This document is based on the support order from **Ohio** (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

$ _____ Per **MONTH** current child support
$ _____ Per **MONTH** past-due child support - Arrears greater than 12 weeks? ☐ Yes ☐ No
$ _____ Per **MONTH** current cash medical support
$ _____ Per **MONTH** past-due cash medical support
$ _____ Per **MONTH** current spousal support
$ _____ Per **MONTH** past-due spousal support
$ 0.00 Per **MONTH** other (must specify) PROCESSING CHARGE .

for a **Total Amount to Withhold** of **$** 0.00 per **MONTH**.

IV: Amounts to Withhold: (Completed by the Sender)

You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

$ 0.00 per weekly pay period
$ 0.00 per biweekly pay period (every two weeks)
$ 0.00 per semimonthly pay period (twice a month)
$ 0.00 per monthly pay period
$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Withholder's Name: _____ Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: XXX-XX-_____

Case ID: _____ Order ID: _____

V. Remittance Information: (Completed by the Sender except for the "Return to Sender" checkbox.)
If the employee/obligor's principal place of employment is **Ohio,** you must begin withholding no later than the first pay period that occurs **14** days after the date of mailing of the order/notice 11/02/2023. Send payment within **7** business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold **50%** of disposable income for all orders. If the employee/obligor's principal place of employment is not **Ohio**, obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/ orders and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf. If the ***Order Information*** section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the Supplemental Information section in this IWO. This information is also available at http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Remit payment to OHIO CHILD SUPPORT PAYMENT CENTRAL (CSPC)
at **P.O. BOX 182394, COLUMBUS, OHIO 43218-2394**

Include the Remittance ID _____ with the payment and if necessary this locator code of the SDU/Tribal order payee 3904900 on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at http://www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

☐ **Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466 (b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

If Required by State or Tribal Law:
Signature of Judge/Issuing Official: **Not required by Ohio law**
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: **Authorized Representative**
Date of Signature: _____

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the Employer Services Team by email at employerservices@acf.hhs.gov.

Withholder's Name: _____ Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN XXX-XX-_____

Case ID: _____ Order ID: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

☐ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

Priority: Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Payments: You must send child support payments payable by income withholding to the appropriate State Disbursement Unit or to a tribal CSE agency within 7 business days after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment.

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use OCSE's Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal OCSE Child Support Portal.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Supplemental Information:
Ohio's supplemental information is contained in this section.

STOP PAYMENT: You must confirm that the payment has not already been processed by CSPC prior to stopping payment on a check remitted to CSPC. In addition, you must submit a stop payment affidavit within two business days to OHSDU.finance@SMImail.net, indicating that the check was lost or stolen.

ORDER INFORMATION: In accordance with Ohio Revised Code (ORC) section 3121.03, you are required to: Implement the withholding no later than the first pay period that occurs after 14 business days following the date the notice was mailed or transmitted, and are required to continue the withholding at the intervals specified in the notice until further notice from the court or child support enforcement agency (CSEA); and send the amount withheld immediately but not later than 7 business days after the date the obligor is paid. Withholding under this order is binding until further notice from the court or CSEA.

PRIORITY: In accordance with ORC section 3121.034, except for deductions from lump sum payments made in accordance with section 3121.0311 of the Revised Code, withholding in accordance with this notice has priority over any other legal process under the law of this state against the same income.

EMPLOYERS WITH 50 OR MORE EMPLOYEES: In accordance with ORC section 3121.19, if you are an employer that employs more than 50 employees, you are required to submit withholding amounts to the state via electronic transfer and combine all of the payments to be forwarded in one payment. The payment shall clearly identify: each employee/obligor covered by the payment; each child support case number covered by the payment; and the portion of the payment attributable to each employee/obligor and case number.

COMBINING PAYMENTS: In accordance with ORC section 3121.20, a payor required to withhold a specified amount from the income of more than one obligor under a withholding notice and to forward the amounts withheld or deducted to the office of child support may combine all of the amounts to be forwarded in one payment if the payment is accompanied by a list that clearly identifies all of the following: Each obligor covered by the payment; each child support case, numbered as provided

on the withholding or deduction notice, that is covered by the payment; and the portion of the payment attributable to each obligor and each case number.

Withholder's Name: _____ Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: XXX-XX-_____

Case ID: _____ Order ID: _____

LUMP SUM PAYMENTS: In accordance with ORC section 3121.037, no later than the earlier of 45 days before a lump sum payment is to be made or, if the obligor's right to the lump sum payment is determined less than 45 days before it is to be made, the date on which that determination is made, you are required to notify the child support enforcement agency administering the support order of any lump sum payment of any kind of $150 or more that is to be paid to the obligor, hold each lump sum payment of $150 or more for 30 days after the date on which it would otherwise be paid to the obligor and, on order of the court or agency that issued the support order, pay all or a specified amount of the lump sum payment to the office of child support.

EMPLOYEE/OBLIGOR WITH MULTIPLE SUPPORT WITHHOLDINGS: In accordance with ORC section 3121.034, when two or more withholding notices are received by a payor, the payor shall comply with all of the requirements contained in the notices to the extent that the total amount withheld from the obligor's income does not exceed the maximum amount permitted under section 303(b) of the "Consumer Credit Protection Act," 1673(b), withhold amounts in accordance with the allocation set forth below, notify each court or CSEA that issued one of the notices of the allocation, and give priority to amounts designated in each notice as current support in the following manner:

- If the total of the amounts designated in the notices as current support exceeds the amount available for withholding under section 303(b) of the "Consumer Credit Protection Act," 1673(b), the payor shall allocate to each notice an amount for current support equal to the amount designated in that notice as current support multiplied by a fraction in which the numerator is the amount of income available for withholding and the denominator is the total amount designated in all of the notices as current support.
- If the total of the amounts designated in the notices as current support does not exceed the amount available for withholding under section 303(b) of the "Consumer Credit Protection Act," 1673(b), the payor shall pay all of the amounts designated as current support in the notices and shall allocate to each notice an amount for past-due support equal to the amount designated in that notice as past-due support multiplied by a fraction in which the numerator is the amount of income remaining available for withholding after the payment of current support and the denominator is the total amount designated in all of the notices as past-due support.

NOTIFICATION OF TERMINATION OF EMPLOYMENT: In accordance with ORC section 3121.037, you must promptly notify the CSEA administering the support order, in writing, within 10 business days after the date of any situation that occurs in which the payor ceases to pay income to the obligor in an amount sufficient to comply with the order, including termination of employment, layoff of the obligor from employment, any leave of absence of the obligor from employment without pay, termination of workers' compensation benefits, or termination of any pension, annuity, allowance, or retirement benefit. Include with the notification:

- The obligor's last known address and telephone number; the obligor's date of birth, social security number, and case number; if known, the name, telephone number, and business address of any new employer or income source.
- Identify any types of benefits other than personal earnings the obligor is receiving or is eligible to receive as a benefit of employment or as a result of the obligor's termination of employment, including, but not limited to, unemployment compensation, workers' compensation benefits, severance pay, sick leave, lump sum payments of retirement benefits or contributions, and bonuses or profit-sharing payments or distributions, and the amount of the benefits.

FEE: In accordance with ORC section 3121.18, a payor ordered to withhold a specified amount from the income of an employee under a withholding notice may deduct from the income of the person, in addition to the amount withheld for purposes of support, a fee of the greater of $2 or an amount not exceeding 1% of the amount withheld as a charge for its services in complying with the withholding notice.

EFT: For EFT/EDI instructions, contact CSPC at 1-888-965-2676 or go to:
http://jfs.ohio.gov/Ocs/employers/Employerinformation.stm

Bureau of Workers' Compensation Claim Number: _____

Withholder's Name: _____ Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: XXX-XX-_____

Case ID: _____ Order ID: _____

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the **Contact Information** section below or using OCSE's Child Support Portal (https://ocsp.acf.hhs.gov/csp/). If the employee/obligor is receiving workers' compensation, you may report the new income withholder, if known.

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

_____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

VIII. CONTACT INFORMATION: (Completed by the Sender)

To Employer/Income Withholder: If you have questions, contact _____by telephone: 800-827-3740, by fax: 614-525-8523, by email or website: **FRANKLIN_CSEA_CustomerAssistance@jfs.ohio.gov**.

Send termination/income status notice and other correspondence to: Franklin County CSEA, 80 East Fulton Street, Columbus, OH 43215.

To Employee/Obligor: If the employee/obligor has questions, contact _____by telephone: 800-827-3740, by fax 614-525-8523, by email or website: **FRANKLIN_CSEA_CustomerAssistance@jfs.ohio.gov**.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Encryption Requirements:
When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

Franklin County CSEA
80 East Fulton Street
Columbus, OH 43215

Telephone Number: (614) 525-3275
Toll Free Number: (800) 827-3740
Fax Number: (614) 525-8523

Obligor First and Last Name: _____
Obligor Address 1: _____
Obligor Address 2: _____
Obligor City, State, Zip: _____

Date: _____ Case Number: _____

Obligee Name: _____ Order Number: _____

ADDENDUM TO A WITHHOLDING ORDER

This notice was issued in accordance with section 3121.036 of the Revised Code, which requires an additional notice be issued to you each time an income withholding order has been issued. If you have any changes to report, please complete the second page of the form to the child support enforcement agency (CSEA) named above. You are required to provide written notification of any of the following:

1. Any change in your income source and of the availability of any other sources of income that can be the subject of withholding or deduction.

2. The nature of any new employment or income source and the name, business address, and telephone number of the new employer or income source.

3. Any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution, of the commencement of employment, including self-employment, or of the availability of any other sources of income that can be the subject of withholding or deduction.

4. The nature of any new account opened at a financial institution and the name and business address of that financial institution.

5. Any other information reasonably required by the court or child support enforcement agency.

On commencement of employment, you may request that the court or CSEA cancel its deduction notice to a financial institution and instead issue a withholding notice to your employer to collect support amounts. On commencement of employment, the court or CSEA may cancel its deduction notice to a financial institution and instead issue a withholding notice to your employer to collect support amounts.

In accordance with section 3121.99 of the Ohio Revised Code, if you fail to comply with the reporting requirements listed above, you can be fined not more than fifty dollars for a first offense, not more than one hundred dollars for a second offense, and not more than five hundred dollars for each subsequent offense.

As an obligor, you are responsible for payment of support between the effective date of the support order and the date income withholding or deduction is initiated.

If you have any information to report to the CSEA, complete the next page and return the form to:

Franklin County CSEA
80 East Fulton Street
Columbus, OH 43215

Franklin County CSEA

OBLIGOR NOTIFICATION

Case Number: _____

1. ☐ I am no longer employed effective: _____.

2. ☐ I have applied for or receive unemployment benefits of: _____ per _____.

3. ☐ I have a new employer:

_____
Name of Employer

_____
Employer/Payroll Address

_____
Employer/Payroll City, State, ZIP

_____
Employee/Payroll Phone Number

My rate of pay is $_____ ☐Weekly ☐Bi-Weekly ☐Twice a Month ☐Monthly

Health Insurance is available: ☐Yes ☐No

4. ☐ I am self-employed.

_____
Type of Business

_____
Name of Financial Institution for Income Deduction

_____
Account Type and Account Number

_____
Financial Institution Address

_____
Financial Institution City, State, ZIP

5. ☐ I receive: ☐Social Security Disability ☐SSI benefits in the amount of $_____ per _____.

6. ☐ I receive Workers Compensation benefits in the amount of $_____ per _____.

7. ☐ I have funds on deposit in a financial institution:

_____
Name of Financial Institution for Income Deduction

_____
Account Type and Account Number

_____
Financial Institution City, State, ZIP

8. ☐ I receive retirement benefits in the amount of $_____ per _____.

_____
Source of Benefits

_____
Address

_____
City, State, ZIP

9. ☐ I have acquired or expect to receive one or more of the following (lottery winnings, lump sum payments, inheritances, insurance settlements, etc.):

_____
Source of Payment

_____
Payor Address

_____
Payor City, State, Zip

_____ _____
Signature Date