South Central Ohio Job & Family Services/CSEA PO Box 469 Chillicothe, OH 45601

ATTENTION: Code:

Date: November 10, 2016

Case Number: Child Support Obligor: Child Support Obligee:

Toll Free Telephone Number: 855-726-5237

Fax Number: 740-772-7514

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 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 ago since the date of the most recent child support order. I have marked the appropriate circumstance which has changed. I have attached any required evidence of the change in circumstances to this form. [If the required document is not submitted to the Child Support Enforcement Agency (CSEA) with this request, your request will be denied.]

- 1. The existing order established a minimum or a reduced amount of support based on the Child Support Guidelines due to the unemployment or underemployment of the obligor and the obligor is no longer unemployed or underemployed. The requesting party must provide to the CSEA relevant evidence or information supporting an allegation of the change in the obligor's employment status.

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4.	I am the other party is permanently disabled reducing his or her earning ability. The requestor must provide to the CSEA verification of receipt of benefits administered by the Social Security Administration due to the disability and/or physician's complete diagnosis and permanent disability determination.
5.	☐ I am ☐ The other party is institutionalized or incarcerated and cannot pay support for the duration of the child's minority and not income or assets are available to the party which could be levied or attached for support. The requestor must provide evidence of the institutionalization or incarceration and the inability to pay support during the child's minority.
6.	☐ I have ☐ The other party has experienced a thirty percent decrease, which is beyond the party's control, or a thirty percent increase in gross income or income-producing assets for a period of at least six months and which can reasonably be expected to continue for an extended period of time. The party requesting the administrative review must provide to the CSEA relevant evidence or information supporting and allegation of a change in status.
7.	The child support order is not in compliance with the Ohio Child Support Guidelines due to the termination of the support obligation for a child of the existing support order.
8.	I have children by the same parent in two or more administrative child support orders and I want to combine the orders into a single administrative order.
9.	I want to access available or improved private health insurance coverage that is available for the child. The requesting party must provide to the CSEA relevant evidence or information supporting the allegation that access to new or improved private health insurance is available.
10.	I have The other party has experienced an increase or decrease in the cost of ordered private health insurance coverage or child care for the child which is expected to result in a change of more than ten percent to the child support obligation based on the current Child Support Guidelines calculation. The requesting party must provide to the CSEA relevant evidence or information supporting an allegation of an increase or decrease in the cost of private health insurance or child care. If the request is based on a change in the cost of private health insurance, the requesting party must provide to the CSEA evidence regarding the cost of 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 on longer reasonable in cost and/or accessible. The requesting party must provide to the CSEA relevant evidence or information supporting an allegation that the private health insurance is no longer reasonable in cost and/or accessible.
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 cash medical support (the federal poverty guidelines can be found at http://www.aspe.hhs.gov/poverty or by contacting the CSEA). The obligor must provide to the CSEA relevant evidence or information supporting an allegation that his or her annual gross income is below 150% of the federal poverty level.
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 more than thirty (30) days. 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.

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	as provided the CSEA written documentation sufficient to he Uniformed Services Employment and Reemployment
Ohio law requires that a local CSEA provide child support enforceview and adjustment of a child support order. However, a "IN available to a "non-IV-D case." If you have a "non-IV-D case," you completing a IV-D application.	V-D case" is eligible for additional services that are not
Within 15 days of receiving your request for an administrative of CSEA will review your request and determine whether a review notified of the date and location of the administrative review. Sooth parties. The notification will also request that you provide any other information necessary to properly review the child su you notice of the denial.	should be conducted. Both parties to the order will be The notice will be mailed to the last known address of a financial information, medical support information, and
Please be aware that you may not dismiss your request for an date. Also, requesting an administrative review may result in or remaining the same or in a change in medical support provi	the monthly support obligation increasing, decreasing,
PLEASE LIST ALL DOCUMENTS THAT YOU ATTACHED:	
	Signature of Requestor
	Printed Name of Requestor
Please provide your current address if different from page 1:	
	Date
	Daytime Telephone Number

14.

A temporary adjustment order pursuant to OAC rule 5101:12-60-05.2 was issued, the obligor's term of

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