OFFICE OF PROSECUTING ATTORNEY
CHILD SUPPORT ENFORCEMENT AGENCY
WAYNE COUNTY, OHIO

DANIEL R. LUTZ
PROSECUTING ATTORNEY

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428 W. LIBERTY STREET
SUITE 11
WOOSTER, OHIO 44691

STATE OF _____)
) SS
_____COUNTY)

AFFIDAVIT
RELEASE OF INJURED SPOUSE CLAIM

_____ _____
Name of Obligor (Parent who pays support) Name of Obligee (Parent who receives support)

SETS NUMBER: _____ ORDER NUMBER: _____

I, _____, current spouse of _____, have not yet, nor will I ever file an IRS 8379 injured spouse form, nor have I yet, nor will I ever file an amended 1040X form for IRS monies intercepted from the _____ tax year.

I understand that by signing this I am authorizing the IRS monies being held for six months by the Wayne County CSEA to be released to the obligee before the six month period has lapsed.

This information is true and accurate to the best of my knowledge

_____
SIGNATURE

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE

THIS _____ DAY OF _____, 20_____.

_____
NOTARY PUBLIC

TELEPHONE: 330-287-5600
WAYNE_CC@JFS.OHIO.GOV
PAYMENT LINE: 1-800-860-2555
HTTP://CSEA.WAYNEOHIO.ORG
TOLL FREE: 800-216-6636
FACSIMILE: 330-287-5623