

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

DANIEL R. LUTZ
PROSECUTING ATTORNEY

BRYNN C. JACKSON, DIRECTOR
428 W. LIBERTY STREET
SUITE 11
WOOSTER, OHIO 44691

REPORT CHANGES FORM

This form may be used to report changes to the Wayne County CSEA. Please complete and return to the CSEA at the address listed above, or via fax listed below.

MY CURRENT INFORMATION:

Name: _____ SETS # or SSN: _____

Address: _____
City State Zip

Phone(s): _____ Email: _____

EMPLOYMENT: If you are the obligor (parent ordered to pay support), payments need to be made on your own until the withholding begins. Complete name, address and phone number of your employer:

Name: _____ Phone: _____

Address: _____
City State Zip

SELF EMPLOYMENT: If you are the obligor, a bank account deduction is mandatory. Complete bank name, address, phone, account type, bank routing and account numbers in the section below:

Name: _____ Phone: _____

Address: _____
City State Zip

Account Number: _____ Routing Number: _____ [] Checking [] Savings

UNEMPLOYED: Name of Last Employer: _____

Address: _____
City State Zip

Separation date: _____ Reason: _____

Statement from my physician is attached with the reason and length of time of my unemployment status.

I am receiving one of the following: Social Security, Workers' Compensation, Unemployment,
Veterans Benefits, Retirement Benefits through _____.

HEALTH INSURANCE: Is Health Insurance Available?: Yes No Please attach detailed cost information and copies of the insurance cards .

NAME CHANGE: New name: _____. Please attach proof of the name change.

CHILD IS 18, AND EITHER GRADUATED OR IS NO LONGER ATTENDING HIGH SCHOOL:

Name of Child: _____ DOB of Child: _____

High School: _____ Date of Graduation/Withdraw: _____

OTHER INFORMATION or INFORMATION ABOUT OTHER PARENT: Please attach supporting documentation if necessary

Signature

Date