

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

DANIEL R. LUTZ
PROSECUTING ATTORNEY

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SUITE 11
WOOSTER, OHIO 44691

SEEK WORK

NAME: _____ REPORTING DATE: _____

CASE NO. _____

TEN (10) CONTACTS PER MONTH ARE REQUIRED

(1) EMPLOYER Complete Name: _____

EMPLOYER Complete Address: _____

EMPLOYER TELEPHONE NO. _____

Title & Signature of Contact Person: _____

Date: _____

Comments: _____

(2) EMPLOYER Complete Name: _____

EMPLOYER Complete Address: _____

EMPLOYER TELEPHONE NO. _____

Title & Signature of Contact Person: _____

Date: _____

Comments: _____

(3) EMPLOYER Complete Name: _____

EMPLOYER Complete Address: _____

EMPLOYER TELEPHONE NO. _____

Title & Signature of Contact Person: _____

Date: _____

Comments: _____

(4) EMPLOYER Complete Name: _____

EMPLOYER Complete Address: _____

EMPLOYER TELEPHONE NO. _____

Title & Signature of Contact Person: _____

Date: _____

Comments: _____

(5) EMPLOYER Complete Name: _____
EMPLOYER Complete Address: _____
EMPLOYER TELEPHONE NO. _____
Title & Signature of Contact Person: _____
Date: _____
Comments: _____

(6) EMPLOYER Complete Name: _____
EMPLOYER Complete Address: _____
EMPLOYER TELEPHONE NO. _____
Title & Signature of Contact Person: _____
Date: _____
Comments: _____

(7) EMPLOYER Complete Name: _____
EMPLOYER Complete Address: _____
EMPLOYER TELEPHONE NO. _____
Title & Signature of Contact Person: _____
Date: _____
Comments: _____

(8) EMPLOYER Complete Name: _____
EMPLOYER Complete Address: _____
EMPLOYER TELEPHONE NO. _____
Title & Signature of Contact Person: _____
Date: _____
Comments: _____

(9) EMPLOYER Complete Name: _____
EMPLOYER Complete Address: _____
EMPLOYER TELEPHONE NO. _____
Title & Signature of Contact Person: _____
Date: _____
Comments: _____

(10)EMPLOYER Complete Name: _____
EMPLOYER Complete Address: _____
EMPLOYER TELEPHONE NO. _____
Title & Signature of Contact Person: _____
Date: _____
Comments: _____