

**ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT
WORKSHEET**

(Please Print Legibly)

Submitted by: _____

Date of Issuance: _____

Original Order/Notice

Order Number: _____

Amended Order/Notice

SETS No. _____

Terminate Order/Notice

Re:

Employer/Withholder's Name

Employee/Obligor's Name (Last, First, MI)

Employer/Withholder's Address (Street)

Employee/Obligor's Social Security Number

(City, State, Zip)

Employee/Obligor's Date of Birth

Workers' Compensation Number

Custodial Parent's Name (Last, First, MI)

Financial Institution Account Number

Checking Savings

Child(ren)'s Name(s):

Child(ren)'s SSN:

Child(ren)'s DOB:

ORDER INFORMATION: This is an Order/Notice to Withholding Income for Child Support based upon an order for support from OH.
(State)

Health Insurance to be provided by:

(B1) Both Obligee/Obligor (B2) Obligee (B3) Obligor (B4) Neither Obligee or Obligor

\$ _____ per month in current support

\$ _____ per month in past-due support

\$ _____ per month in spousal support

\$ _____ per month in cash medical support

\$ _____ per month Guardian Ad Litem if lump sum judgment granted

\$ _____ per month **Subtotal** (for Ohio Bureau of Employment Services Withholding)

\$ _____ per month (2% of subtotal for administrative fee)

\$ _____ **Total** per month

**TWO COPIES OF THIS FORM MUST BE RETURNED WITH J.E.
(COPY TO CSEA)**