

**ADDENDUM WITHHOLDING NOTICE  
TO PARTIES TO A SUPPORT ORDER**

_____	File No. _____ Court Case # _____
Obligee Name	<b>Court or Administrative Order Number</b>
_____	_____
Obligor Name	Case Number
_____	_____
Social Security Number	County
	Date of Issuance: _____

**WHY YOU WERE GIVEN THIS NOTICE**

This addendum notice is provided to the parties to the child/spousal support/withholding order in accordance with Ohio Revised code sections 3121.036.

**DUTIES OF SUPPORT OBLIGOR BEFORE SUPPORT WITHHOLDING STARTS**

As obligor, you are responsible for payment of support between the effective date of the support order and the date income withholding is initiated. Upon commencement of employment, the obligor may request that the CSEA cancel any previous notices, if applicable, and to issue a notice requiring the withholding of an amount from his personal earnings for support.

**WHEN THE SUPPORT OBLIGOR MUST NOTIFY THE CHILD SUPPORT ENFORCEMENT AGENCY**

The notification must be in writing - please use page 2.

1. Of any change in the obligor's income source and of the availability of any other sources of income that can be the subject of any withholding or deduction.
2. A description of the nature of any new employment or income source, the name and business address and telephone number.
3. Of any change in the status of the account from which the amount of support is being deducted or the opening of a new account with any financial institution, of his/her commencement of employment, including self-employment, or of the availability of any other sources of income that can be the subject of any withholding or deduction requirement.

**WHEN THE TIME COMES FOR THE SUPPORT ORDER OR WITHHOLDING TO STOP**

Ohio Revised Code section 3119.87 require the obligee to notify the Child Support Enforcement Agency of any reason for which support and withholding should terminate. The obligor is permitted to make this notification.

Page two (2) and three (3) of this form can be used to provide the required notices. Section A contains information that the obligor must provide. Section B contains information that the obligee must provide.

The obligor shall check the appropriate boxes in Section A and fill in the needed information when any of these events occur. Section B may also be completed at Obligor's discretion. The custodial parent is obligated to complete Section B. Documents are to be mailed to : **HAMILTON COUNTY CHILD SUPPORT ENFORCEMENT AGENCY:**

**Hamilton County CSEA  
222 E. Central Pkwy  
Cincinnati, OH 45202**

A willful failure by either party to notify could be contempt of court. A fine of not more than Fifty Dollars for the first offense, not more than One Hundred Dollars for a second offense and not more than Five Hundred Dollars for each subsequent offense can accompany contempt.

NOTIFICATION

TO: HAMILTON COUNTY CSEA

Date : \_\_\_\_\_

Case Number : \_\_\_\_\_

SECTION A - OBLIGOR NOTIFICATION

- I have terminated my employment effective \_\_\_\_\_, \_\_\_\_\_
- I will receive unemployment benefits of \_\_\_\_\_ per \_\_\_\_\_
- I will be employed as a \_\_\_\_\_, at (Name of New Employer and Payroll Address) \_\_\_\_\_  
My new rate of pay will be \$ \_\_\_\_\_ per \_\_\_\_\_ I am to receive  12  24  26  52 pay checks per year.
- I will become self-employed effective \_\_\_\_\_, \_\_\_\_\_.  
The nature of said business is \_\_\_\_\_.  
Said business shall have its business account at (Financial Institution) \_\_\_\_\_,  
(Address) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_,  
in the name of \_\_\_\_\_, Account Number \_\_\_\_\_.
- I am drawing  sick leave  disability benefits in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ starting on \_\_\_\_\_  
from (Institution) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_
- My Workers' Compensation will  commence  terminate  increase  decrease effective \_\_\_\_\_ to \$ \_\_\_\_\_  
per \_\_\_\_\_ Claim No. \_\_\_\_\_
- I have opened a new Financial Institution Account in the name of \_\_\_\_\_,  
Account Number \_\_\_\_\_,  
at (Name of Institution) \_\_\_\_\_,  
(Address) \_\_\_\_\_,  
City, State, Zip) \_\_\_\_\_.
- I am retiring effective \_\_\_\_\_, \_\_\_\_\_ and will receive \$ \_\_\_\_\_ per \_\_\_\_\_  
from (Source) \_\_\_\_\_,  
(Address) \_\_\_\_\_,  
City, State, Zip) \_\_\_\_\_.
- I have acquired or expect to receive one of the following:
- Lump sum payment in excess of \$500.00 as a result of \_\_\_\_\_  
from \_\_\_\_\_  
(whose Address is) \_\_\_\_\_,  
(City, State, Zip) \_\_\_\_\_.
- Real Property Located at: \_\_\_\_\_
- Other property with a value in excess of \$1000.00 described as follows: \_\_\_\_\_  
\_\_\_\_\_
- Other income or assets not otherwise included on this form such as lottery proceeds, inheritances, insurance settlements, tax refunds, etc.  
described as follows: \_\_\_\_\_  
\_\_\_\_\_

OBLIGOR'S SIGNATURE \_\_\_\_\_

Case Number : \_\_\_\_\_

**SECTION B - OBLIGEE NOTIFICATION**

Child Support for \_\_\_\_\_ born \_\_\_\_\_, should stop because this child:

graduated from high school on \_\_\_\_\_, \_\_\_\_\_

no longer resides with me as of \_\_\_\_\_, \_\_\_\_\_

married on \_\_\_\_\_, \_\_\_\_\_

enlisted in the armed forces on \_\_\_\_\_, \_\_\_\_\_

any other reason that child support should not be paid: Please describe: \_\_\_\_\_

\_\_\_\_\_  
as of \_\_\_\_\_, \_\_\_\_\_

Alimony should stop on \_\_\_\_\_, \_\_\_\_\_

due to  Remarriage  Death  Full Time Employment  Other Please describe \_\_\_\_\_

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**OBLIGEE'S SIGNATURE** \_\_\_\_\_

\* Note: If you or your agent are served with a copy of this order in the state that issued the order, you are to follow the law of the state that issued this order with respect to these items. This notice is final and enforceable by the court.

Requesting Agency : **Hamilton CSEA**  
**222 East Central Parkway**  
**Cincinnati, Ohio 45202**

If you your employee/obligor have any questions, contact: \_\_\_\_\_  
by telephone \_\_\_\_\_

### **Child Support Payment Central**

Ohio now offers a centralized source for making child support payments on behalf of your employees. You can make one payment to one central source.

With Ohio Child Support Payment Central (CSPC) you can CSPC – Direct ( electronic data interchange ), or CSPC – Through your Financial Institution ( electronic funds transfer ).