



OBLIGOR NOTIFICATION

THE OBLIGOR IS ORDERED to notify the Child Support Enforcement Agency of any change in employment (including self-employment). The Obligor (employee) shall include in the notification a description of the nature of employment and the name, business address and telephone number of any new employer. DIRECT PAYMENTS ARE A GIFT. All payments are to the CHILD SUPPORT ENFORCEMENT AGENCY. The Obligor is ordered to IMMEDIATELY notify the Child Support Enforcement Agency of any of the events specified in the list of instructions below. The Obligor's failure to comply with the foregoing order of notification may result in a finding of contempt. Attorney fees and Court cost may then be assessed against the Obligor held in contempt.

INSTRUCTIONS

Please check the appropriate boxes below and fill in needed information when any of these events occur and mail this document to:

HAMILTON COUNTY DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT AGENCY
222 E. CENTRAL PKWY
CINCINNATI, OHIO 45202-1225

A. EMPLOYMENT FINANCIAL CHANGES:

- I have terminated effective
I will be laid off effective, for weeks indefinitely.
I will be employed at (name Employer and Payroll Address)

My new rate of pay will be \$ gross per; I am scheduled to receive 12 24 26 52 paychecks per year; I will receive my first pay on

- I will become self-employed effective
This business will operate under the name
Said business shall have its business account at (Financial Institution)
(address) (City, State, Zip Code) in the name of

- I am drawing sick leave disability benefits in the amount of \$ per starting on from (institution) (Address) (City, State, Zip Code)

- My Workers' Compensation (Claim No. ) will commence terminate on Benefit amount is \$ gross per

- My Unemployment (Claim No. ) will commence terminate on Benefit amount is \$ gross per

- I am retiring effective and will receive retirement benefits paid 12 24 26 52 times per year. (Source) (Address)

- I have opened a Financial Institution account in the name of: Account No. at Address

- I have acquired or expect to receive one or more of the following: Lump sum payment in excess of \$500 as a result of: from (address)

- Real property located at

- Other property with a value in excess of \$1000 described as follows: Other income or assets not otherwise included on this form such as lottery proceeds, inheritance, insurance settlements, tax refunds, etc., describe as follows:

- Other changes in employment or financial condition

B: CHILD SUPPORT/SPOUSAL SUPPORT (ALIMONY) OBLIGATION CHANGES:

- Effective, child support for born, should terminate because this child graduated from high school no longer resides with Obligee married enlisted in Armed Forces was adopted by Decree of Adoption. (Attach documentation. Example: copy of high school diploma, certificate of marriage, military ID card, etc.)

- Child support should increase decrease pursuant to the specific terms of the Final Decree filed in this action.

- Effective, Spousal support (alimony) should terminate remarriage full-time employment ordered time has expired any other reason please describe (Attach documentation)

- Spousal support (alimony) should increase decrease pursuant to the specific terms of the Final Decree filed in this action.

Date:
Case No. A/DR
File No. E
CSEA Account #

Obligor's Signature
Address
City, St, Zip
Check if New Address
Telephone Number : ( ) -

**OBLIGEE NOTIFICATION**

IT IS FURTHER ORDERED that where there are minor children the RESIDENTIAL PARENT shall notify the Child Support Enforcement Agency IMMEDIATELY IN WRITING of any reason for which the support order shall terminate, including but not limited to death, marriage, emancipation, incarceration, enlistment in the Armed Services, deportation, or change of legal or physical, custody of the child. In the case of joint custody or shared parenting, both parents are ordered to notify the Court as set forth above. FAILURE TO NOTIFY THIS COURT of any of these events could constitute contempt and could be punishable by this Court as contempt.

**INSTRUCTIONS**

You, as the residential parent/obligee must complete this form and notify the Court immediately on this document if any of the events below occur. You must mail this document to:

HAMILTON COUNTY DEPARTMENT OF HUMAN SERVICES  
CHILD SUPPORT ENFORCEMENT AGENCY  
222 E. CENTRAL PKWY  
CINCINNATI, OHIO 45202-1225

Child support should terminate for \_\_\_\_\_

born \_\_\_\_\_ because this child:

Graduated from high school on \_\_\_\_\_ . (Attach copy of high school diploma)

No longer resides with me as of \_\_\_\_\_ .

Married on \_\_\_\_\_ . (Attach copy of Certificate of Marriage)

Enlisted in the Armed Forces on \_\_\_\_\_ . (Attach copy of military I.D. card)

Was adopted by Decree of Adoption filed on \_\_\_\_\_ in the court, located at

(Street Address): \_\_\_\_\_ under Case No. \_\_\_\_\_ .

Any other reason that child support should not be paid. Please describe \_\_\_\_\_  
\_\_\_\_\_ as of \_\_\_\_\_ .

Child support should  increase  decrease pursuant to the specific terms of the Final Decree filed in this action.

Spousal support (alimony) should terminate as provided in Final Decree on \_\_\_\_\_  
\_\_\_\_\_ date

due to  Remarriage (attach copy of Certificate of Marriage)  Full-time employment  Ordered time has expired

Please describe any other reason that spousal support (alimony) should not be paid: \_\_\_\_\_

Spousal support (alimony) should  increase  decrease pursuant to the specific terms of the Final Decree filed in this action.

Date: \_\_\_\_\_  
Case No. \_\_\_\_\_  
File No. \_\_\_\_\_  
CSEA Account # \_\_\_\_\_

\_\_\_\_\_  
Obligee's Signature

Address: \_\_\_\_\_

Check if New Address

Telephone Number: \_\_\_\_\_