

CSE ACCOUNT INFORMATION SHEET

In order for CSE to set up any support order (child/spousal/medical), the following information must be completed and sent via email to **caherine.wheeler@jfs.ohio.gov** or via fax to **(513)732-7444**. **Please submit a copy of this form with you IV-D Application to the court.** However, this form **does not** become part of the court record.

Case Number: _____

Plaintiff/Petitioner: _____

Current Address: _____

Phone #: _____ Birthdate: _____ **9-digit SSN:** _____

Email: _____

Name of Employer: _____ Phone #: _____

Employer's Address: _____

Defendant/Petitioner: _____

Current Address: _____

Phone #: _____ Birthdate: _____ **9-digit SSN:** _____

Email: _____

Name of Employer: _____ Phone #: _____

Employer's Address: _____

Minor Child/ren:

_____ Birthdate: _____ **9-digit SSN:** _____

_____ Birthdate: _____ **9-digit SSN:** _____

_____ Birthdate: _____ **9-digit SSN:** _____

_____ Birthdate: _____ **9-digit SSN:** _____

Parent Ordered to Provide Private Medical Insurance: _____

Insurance Company: _____

Address: _____

Group/Policy/ID #: _____

****If private medical insurance is being provided by another person (not a parent), please complete the following:**

Name: _____

Phone #: _____ Birthdate: _____ **9-digit SSN:** _____

Name of Employer: _____ Phone #: _____

Employer's Address: _____