

Franklin County CSEA  
80 East Fulton Street  
Columbus, OH 43215

Telephone Number: (614) 462-3275  
Toll Free Number: (800) 827-3740  
Fax Number: (614) 719-8523

Obligor Name: \_\_\_\_\_  
Obligor Address 1: \_\_\_\_\_  
Obligor Address 2: \_\_\_\_\_  
Obligor City, St, Zip: \_\_\_\_\_

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

SETS Number: \_\_\_\_\_

Obligee Name: \_\_\_\_\_

Order Number: \_\_\_\_\_

### ADDENDUM TO A WITHHOLDING ORDER

This notice was issued in accordance with section 3121.036 of the Revised Code, which requires an additional notice be issued to you each time an income withholding order has been issued. If you have any changes to report, please complete the second page of the form to the child support enforcement agency (CSEA) named above. You are required to provide written notification of any of the following:

1. Any change in your income source and of the availability of any other sources of income that can be the subject of withholding or deduction.
2. The nature of any new employment or income source and the name, business address, and telephone number of the new employer or income source.
3. Any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution, of the commencement of employment, including self-employment, or of the availability of any other sources of income that can be the subject of withholding or deduction.
4. The nature of any new account opened at a financial institution and the name and business address of that financial institution.
5. Any other information reasonably required by the court or child support enforcement agency.

On commencement of employment, you may request that the court or CSEA cancel its deduction notice to a financial institution and instead issue a withholding notice to your employer to collect support amounts. On commencement of employment, the court or CSEA may cancel its deduction notice to a financial institution and instead issue a withholding notice to your employer to collect support amounts.

In accordance with section 3121.99 of the Ohio Revised Code, if you fail to comply with the reporting requirements listed above, you can be fined not more than fifty dollars for a first offense, not more than one hundred dollars for a second offense, and not more than five hundred dollars for each subsequent offense.

As an obligor, you are responsible for payment of support between the effective date of the support order and the date income withholding or deduction is initiated.

If you have any information to report to the CSEA, complete the next page and return the form to:

Franklin County CSEA  
80 East Fulton Street  
Columbus, OH 43215

**OBLIGOR NOTIFICATION**

- 1.  I am no longer employed effective : \_\_\_\_\_
- 2.  I have applied for or receive unemployment benefits of \$ \_\_\_\_\_ per \_\_\_\_\_
- 3.  I have a new employer:

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employer/Payroll Address

\_\_\_\_\_  
Employer/Payroll City, State ZIP

\_\_\_\_\_  
Employer/Payroll Phone Number

My rate of pay is \$ \_\_\_\_\_  Weekly  Bi-Weekly  Twice a Month  Monthly  
 Health insurance is available:  Yes  No

- 4.  I am self-employed.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Name of Financial Institution for Income Deduction

\_\_\_\_\_  
Account Type and Account Number

\_\_\_\_\_  
Financial Institution Address

\_\_\_\_\_  
Financial Institution City, State ZIP

- 5.  I receive  Social Security Disability  SSI benefits in the amount of: \$ \_\_\_\_\_ per \_\_\_\_\_
- 6.  I receive Workers Compensation benefits in the amount of: \$ \_\_\_\_\_ per \_\_\_\_\_
- 7.  I have funds on deposit in a financial institution:

\_\_\_\_\_  
Name of Financial Institution for Income Deduction

\_\_\_\_\_  
Account Type and Account Number

\_\_\_\_\_  
Financial Institution Address

\_\_\_\_\_  
Financial Institution City, State ZIP

- 8.  I receive retirement benefits in the amount of: \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_  
Source of Benefits

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State ZIP

- 9.  I have acquired or expect to receive one or more of the following (lottery winnings, lump sum payments, inheritances, insurance settlements, etc.):

\_\_\_\_\_  
Source of Payment

\_\_\_\_\_  
Payor Address

\_\_\_\_\_  
Payor City, State and ZIP

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date