

OBLIGOR'S NOTIFICATION

TO: WASHINGTON COUNTY CHILD SUPPORT ENFORCEMENT AGENCY  
205 Putnam Street, Marietta, OH 45750

Case No. \_\_\_\_\_ vs. \_\_\_\_\_

Complete this document as appropriate within 10 days of the occurrence of any of the events listed and mail this document to : Washington County Child Support Enforcement Agency, Courthouse, Fourth Floor, 205 Putnam St., Marietta, OH 45750.

I have changed employment, will become employed, have been laid off, or have been terminated effective

\_\_\_\_\_  
I will be employed at: Name of Employer \_\_\_\_\_  
Payroll/Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_

as a (title) \_\_\_\_\_. New rate of pay will be \$ \_\_\_\_\_;

I will receive  12  24  26  52 paychecks per year; I will receive my first check on \_\_\_\_\_.

I have terminated my employment effective \_\_\_\_\_, 19\_\_\_\_.  I will receive unemployment benefits of \$ \_\_\_\_\_ per \_\_\_\_\_.

My income has changed as follows: \_\_\_\_\_

I will become self-employed effective \_\_\_\_\_. The nature of said business is \_\_\_\_\_.

Said business shall have its business account at (institution) \_\_\_\_\_ (address) \_\_\_\_\_ under the name of \_\_\_\_\_ account number \_\_\_\_\_.

My Workers' Compensation will  commence  increase  terminated  decrease effective \_\_\_\_\_ To \$ \_\_\_\_\_ per \_\_\_\_\_, Claim No. \_\_\_\_\_.

I have opened a new Financial Institution Account as follows: Name of Institution \_\_\_\_\_ Acct. No. \_\_\_\_\_ Street Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_ (present balance) \$ \_\_\_\_\_ under the name of \_\_\_\_\_.

I am retiring effective \_\_\_\_\_, 19\_\_\_\_ and will receive \$ \_\_\_\_\_ per \_\_\_\_\_ from (Source) \_\_\_\_\_, Address \_\_\_\_\_

Lump sum payment in excess of \$150.00 as a result of: \_\_\_\_\_ from \_\_\_\_\_ whose address is \_\_\_\_\_

The status of my pension, annuity, allowance or other benefit has changed, as follows:

\_\_\_\_\_  
 I have available another source of income. Specify-Name \_\_\_\_\_ Address \_\_\_\_\_

Real Property located at: \_\_\_\_\_

Other property with a value in excess of \$1000.00 described as follows:

\_\_\_\_\_  
Please complete any information you have on the obligee or the children.

Obligee's Address \_\_\_\_\_ Child(ren) Name \_\_\_\_\_ S.S.N. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Obligee's S.S.N. \_\_\_\_\_

Obligee's D.O.B. \_\_\_\_\_

\_\_\_\_\_  
Obligor's Signature

Current Address [ ] Old or [ ] New \_\_\_\_\_

\_\_\_\_\_  
Obligor's Phone No. \_\_\_\_\_ Obligor's Soc. Sec. No. \_\_\_\_\_

Date \_\_\_\_\_

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