



Cynthia S. Brown
Executive Director

BUTLER COUNTY
CHILD SUPPORT
ENFORCEMENT AGENCY

Raymond C. Pater III
Deputy Director

Government Services Center, 315 High Street – 7th Floor, Hamilton, Ohio 45011
513-887-3362 • 1-800-542-0806 • FAX: 513-887-3699 / Middletown: 513-424-5351 • www.butlercountycsea.org

AUTHORIZATION TO RELEASE INFORMATION

This form gives Butler County Child Support Enforcement Agency (C.S.E.A.) legal authorization to release information you specify about your child support case to a specific party, authorized representative or organization for a specific amount of time. Below are several important issues regarding the release of information.

- Butler County C.S.E.A. can release information only about the individual whose signature appears below. If you want Butler County C.S.E.A. to release information about the other parent in your child support case, the other parent must complete and sign an Authorization to Release Information.
- Children’s information is defined by the Ohio Department of Job and Family Services as belonging to the custodial parent’s record only. So information about the child or children in a child support case can be released only with the custodial parent’s signature.
- If the information being requested has been filed with the court it is public record and may be obtained from the appropriate Clerk of Court without a release form.

Authorization

I, _____, authorize

Full Name of Obligor (person paying support) or obligee (person receiving support)

Butler County Child Support Enforcement Agency to release the information listed below regarding my child support case to:

Name of specific party, authorized

Representative or organization: _____ Title: _____

Street Address: _____ City/State: _____

Zip: _____

Note to Authorized Party or Organization: You must present this form when picking up information from and CSEA representative or the Cashier’s Office. On file copies are not available to all personnel.

Information to Be Released

Payment History – From: Month _____ Year _____ To: Month _____ Year _____

Child Support Audit

Certification of Current Support and Arrears

Other (please specify) _____

Duration of Access to Your Child Support Information

Please indicate the amount of time the specify party, authorized representative or organization should have access to the child support information you indicated above. **If you do not specify a time period, the information you have indicated will be released on a one-time only basis.**

From: Month _____ Year _____ To: Month _____ Year _____

Signature

Obligor or Obligee’s Signature

SETS Case Number or SS Number

Phone

Date

Sworn to before me and subscribed in my presence this _____ day of _____, 20__.

Notary Public

SEND THIS FORM BY MAIL OR FAX TO: BUTLER COUNTY CSEA, 315 HIGH ST, 8TH FL, HAMILTON, OH 45011; 513-887-3699