



**BUTLER COUNTY, OHIO
BOARD OF COMMISSIONERS**

Butler County Child Support Enforcement Agency

Cynthia S. Brown - Executive Director

Raymond C. Pater III - Deputy Director

315 High Street, 7th Floor

Hamilton, Ohio 45011

513/887-3362 / 1-800-542-0806

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Commissioners
Donald L. Dixon
Charles R. Furmon
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POWER OF ATTORNEY/AUTHORIZATION TO RELEASE INFORMATION

This form gives the Butler County Child Support Enforcement Agency 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.

- The Butler County CSEA can release information only about the individual whose signature appears below. If you want the Butler County CSEA to release information about the other parent in your child support case, the other parent must complete and sign an "Authorization to Release Information."
- The Ohio Department of Job and Family Services define information regarding the child(ren) as belonging to the custodial parent's record only. Therefore, the CSEA will only release information about the child(ren) in a child support case with the custodial parent's signature.
- If the requested information 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 the
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 a CSEA representative or at the payment window. 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 specified party, authorized representative or organization should have access to the child support information you indicated above. **If you do not specify a timeperiod, 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, 7TH FL, HAMILTON, OH 45011/513-887-3699