

**CJFS/OCSS SUPPORT AND HEALTH INSURANCE INFORMATION FOR
CJFS/OCSS USE ONLY**

Do you have a Civil Protection Order: Yes No

Case number _____

SETS number _____

The following information is necessary to process your Support Order. Failing to provide this information may cause delay in receiving support or may cause cash medical support to be charged. For further information contact the New Order Unit at (216) 698-2539

Names of children on Support Order:

SSN:

SUPPORT OBLIGOR (PAYS SUPPORT):

NAME: _____

SSN

DOB

Email

Phone Number & Alternate Number

SUPPORT OBLIGEE: (RECEIVES SUPPORT):

NAME: _____

SSN

DOB

Email

Phone Number & Alternate Number

The following information is necessary only if there are minor children:

HEALTH INSURANCE OBLIGOR:

Name of employer/group/individual

Employer phone number

Name of health plan

Name of insurance company

Customer service telephone number

Group number

Identification/Subscriber number

Your signature on this form authorizes the disclosure of this information to the Cuyahoga Job and Family Services/Office Of Child Support Services.

Person completing form: _____

PRINT NAME OF PARTY

SIGNATURE OF PARTY

DATE