

## FINANCIAL DISCLOSURE / AFFIDAVIT

**Instructions:** You are required to answer the following questions accurately and completely. You must also sign this affidavit in the presence of a Notary Public. The Summit County CSEA will provide a notary upon request. **You must also provide evidence supporting your financial or medical hardship or your request may be denied.**

### I. PERSONAL INFORMATION

Name/Applicant	Party Represented ( <i>if applicant, enter "same"</i> )			D.O.B.
Mailing Address	City	State	ZIP	
Case No.	Phone (     )		Message Phone (within 48 hours) (     )	

### II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B	Relationship	Name	D.O.B	Relationship
1)			3)		
2)			4)		

### III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Applicant	Spouse (or Parents if applicant is a juvenile)	Other Household Members	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension/Social Security				
Child Support				
Works First/TANF				
Disability				
Other				

Employer's Name	<b>A. TOTAL INCOME</b>	\$
Employer's Address		Phone (     )

### IV. ALLOWABLE EXPENSES

### V. TOTAL INCOME

Type of Expense	Amount
Child Support Paid Out	
Child Care (if working only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical & Associated Costs Of Caring for Infirm Family Members	
<b>B. EXPENSES</b>	<b>\$</b>

Total Income – Allowable Expenses = Adjusted Total Income

<b>A. TOTAL INCOME</b>	\$
<b>- B. EXPENSES</b>	\$
<b>C. ADJUSTED TOTAL INCOME</b>	\$

### VI. ASSET INFORMATION

Type of Asset	Describe / Length of Ownership / Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home	Price:\$                      Date Purchased:                      Amt. Owed:\$	
Stocks / Bonds / CD's		
Automobiles		
Trucks / Boats / Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		

Checking Acct. Balance		
Savings/MM Acct. Balance		

**D. TOTAL ASSETS**

**\$**

**VII. MONTHLY LIABILITIES/OTHER EXPENSES**

**VIII. GRAND TOTALS**

Type of Liability	Amount	
Rent / Mortgage		
Food		<b>C. ADJ. TOTAL INCOME</b>
Electric		
Gas		<b>D. TOTAL ASSETS</b>
Fuel		
Telephone		<b>E. LIABILITIES &amp; OTHER</b>
Cable		
Water / Sewer / Trash		
Credit Cards		
Loans		
Taxes Owed		
Other		
<b>E. LIABILITIES &amp; OTHER EXPENSE</b>		

I, \_\_\_\_\_ (affiant) being duly sworn, say:

I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Date

**Notary Public/Individual duly authorized to administer oath:**

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of person administering oath

\_\_\_\_\_  
Title

**Please attach as many pages as needed describing your specific reason for requesting this waiver or compromise. Remember, you must attach evidence supporting this request or your request could be denied.**

**If your request relates to medical disability**, you must describe why you are unable to work, when and how you became unable to work, and attach a written statement from your doctor which contains the following information: the name of the medical condition which prevents you from working or which limits your ability to work; the date upon which you became unable to work; and the date, if any, upon which you should be able to return to work.

**If your request is due to incarceration**, you must state the month and year that your incarceration began and ended, the location and date of all convictions, and the name of all convictions.

**If your request relates to employment issues**, you must describe all obstacles to full-time employment.



# SHERRI BEVAN WALSH

## Prosecuting Attorney

County of Summit  
CHILD SUPPORT ENFORCEMENT AGENCY  
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(330) 643-2765 .1-800- 726-2765 .Fax (330) 643-2745

Obligor Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

RE: SETS Case \_\_\_\_\_

### **Request to Negotiate An Assigned Arrears Reduction**

By signing this document, I request that the Summit County Child Support Enforcement Agency (SCCSEA) begin negotiations with me to determine whether the child support arrears assigned to the state of Ohio can be waived or compromised based upon my present circumstances. I have a financial hardship which does not allow me to meet this obligation and I would like to have my case reviewed for waiver or compromise. By signing this document, I also understand and agree with the following:

1. Neither the SCCSEA nor the Ohio Department Of Job and Family Services is required to grant my request for waiver or compromise of any arrears owed to the state and this process has no right of appeal.
2. If I have a current support obligation, I am not eligible for waiver of permanently assigned arrears. However, a compromise is permissible if the SCCSEA and I can reach an agreement.
3. A compromise does not affect my requirement to pay the full monthly support obligation owed on the support order.
4. A waiver of permanently assigned arrears does not stay or preclude collections of any other arrears or balances. Similarly, a compromise does not stay or precluded collection of any current support obligation or any other arrears or balances.
5. The SCCSEA may reinstate any waived or compromised arrears without notice if I fail to comply with the terms and conditions of the Agreed Entry or I have otherwise acted with intent to defraud the SCCSEA by furnishing false information or concealing assets or financial history. If necessary the SCCSEA will initiate court action to reinstate the arrears.
6. Neither the SCCSEA nor any employee thereof represents me in any capacity, legal or otherwise. I understand that I may have private counsel review any agreements prior to signing, but I affirm that I am not represented by counsel, as it relates to any waiver and/or compromise of arrearages, at this time.

\_\_\_\_\_  
Signature Of Obligor

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Printed Name

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Date