



Child Support Services • 222 East Central Parkway, Cincinnati, Ohio 45202
(513) 946-7387 • www.hcjs.org

Bankruptcy Authorization to Release Information

This form gives Hamilton County Child Support Services (CSS) 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.

- CSS can release information only about the individual whose signature appears below. If you want CSS 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 a court, it is public record and may be obtained from the appropriate Clerk of Court without a release form.

Authorization

I, _____, authorize Hamilton County Child Support Services to release the information listed below regarding my child support case to:

L. JOSHUA DAVIDSON (O'CONNOR, MIKITA & DAVIDSON) ATTORNEY

(Name of specific party, authorized representative or organization)

(Title)

Street Address: 8035 HOSBROOK RD., SUITE 200

City/State: CINCINNATI, OH 45236

Zip: _____

Phone: (513) 793-5297

Information to Be Released

- Payment History - From: Month _____ Year _____ To: Month _____ Year _____
- Court Order for Child Support Child Support Audit
- Certification of Current Support and Arrears for Bankruptcy Proceedings
- Other (please specify) _____

Duration of Access to Your Child Support Information

Please indicate the amount of time the specific 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 # or SSN Phone Date

Return this form by:

Mail: Child Support Services
4NW307
222 East Central Parkway
Cincinnati, Ohio 45202

Fax: (513) 946-1650

Note to Bankruptcy Attorney:

Please indicate in the space at right how you would like to receive the affidavit. →

Mail to: _____

Fax: (513) 793-5462

Please Fax & Mail.