

Allen County Child Support Enforcement Agency



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Address: 200 W. Market Street, P.O. Box 1589, Lima, Ohio 45801

Vicki J. Tarr, Director

Request to Negotiate a Reduction of Permanently Assigned Arrears (ROPAA)

The Allen County Child Support Enforcement Agency (CSEA) along with the State of Ohio Office of Child Support offers a program that may help lower the amount of arrears you owe on your child support case.

You may qualify for a reduction in your permanently assigned arrears (arrears owed to the State of Ohio) if you are able to show that you have a barrier which affects your ability to pay. An example of a barrier is a financial hardship due to a medical situation, lengthy incarceration, or other circumstances specific to your situation.

If you wish to be considered for the program, please complete and return the enclosed request form. **You must provide proof of your hardship.** A note from your doctor stating that you have been unable to work or records of your incarceration are some examples of the proof needed to process your request. Failure to provide complete and accurate information may result in your application being denied.

Return the completed request and verifications to:
Allen County Child Support, 200 W. Market St. P.O. Box 1589, Lima, Ohio 45801.

We will review the materials when your completed application is received, and you will be contacted when a determination is made. If an agreement is reached and approved, a formal court or administrative order will be prepared which will require your signature.

Please contact CSEA at 419-224-7133 with any questions.

Sincerely,

Allen County CSEA

Request to Negotiate a Reduction of Permanently Assigned Arrears

In order to negotiate a Reduction of Permanently Assigned Arrears (ROPAA) you must provide the CSEA with the reason or special circumstance which prevented you from paying your support obligation when it was due.

Some examples are: medical disability, incarceration, employment barriers. This process requires that you provide proof of the barrier. Failure to provide documentation may result in denial of application.

Please answer all of the eligibility questions. (Must provide proof)

1. Are you disabled? (If Yes, please provide a statement from your doctor) Yes No
2. Are you the primary caregiver for an elderly or disabled relative? Yes No
3. Do you or have you ever had any employment barriers? Yes No
4. Were you ever incarcerated? Yes No
 Misdemeanor or Felony (circle one)
5. What is your highest level of education or skilled trade? _____

Please answer additional questions. (Must provide proof)

6. Are you responsible for support of family members in your home? Yes No
7. Do you have other child support cases NOT in Ohio? Yes No
 Where? _____
8. Have you reunited with the obligee? Yes No
9. Was the child in your possession at any time during this order? Yes No
10. Do you own your own home or any real estate? Yes No

Please list all properties: _____

As indicated above, this process requires proof of any barriers which affect your ability to pay. Please provide proof for any questions that you answered yes to above. If you are unable to do so, please contact the CSEA as we may be able to assist.

In making your request to negotiate, please keep in mind the following:

Only arrears owed to the State of Ohio will be considered. Arrears owed to the Obligee are not included in the reduction of permanently assigned arrears.

You DO NOT have a right, either explicit or implied, to require the CSEA or OCS to reduce permanently assigned arrears and this process has no right of appeal.

A reduction of permanently assigned arrears does not stay or preclude collections of any other current support obligation, arrears or balances.

The ACCSEA may reinstate any reduction of permanently assigned arrears without notice if you fail to comply with the terms and conditions of the Agreed Entry or you have otherwise acted with intent to defraud the ACCSEA by furnishing false information or concealing assets or financial history.

Neither the ACCSEA nor any employee thereof represent you in any capacity, legal or otherwise. You may have private counsel review any agreements prior to signing, but you affirm that you are not represented by counsel, as it relates to any reduction of permanently assigned arrearages, at this time.

With your signature, you agree to cooperate with the CSEA in reviewing my child support case for possible reduction of permanently assigned arrears including, but not limited to, maintaining contact and attending appointments with your CSEA investigator and submitting all information requested by the CSEA in a timely manner.

The CSEA will notify me in writing if your request is denied or accepted. If your request is accepted, the CSEA will notify me of the terms and conditions of the reduction of permanently assigned arrears and you will be required to sign an agreed entry containing those terms and conditions if you are in agreement.

By signing below you are requesting the Allen County Child Support Enforcement Agency conduct an investigation into the validity of any statements and income information on the Financial Disclosure Affidavit in order to determine if your case qualifies for a ROPAA. Further, you acknowledge that you have read, understand and agree to the above terms of the program.

Your signature: _____ Date: _____

Print your name: _____

Mailing address: _____

Contact phone number: _____

Your case or social security number: _____

Please contact the CSEA at 419-224-7133 with any questions.

Please note that your request will not be approved unless all requested documentation is obtained.

FINANCIAL DISCLOSURE / AFFIDAVIT

Instructions: You are required to answer the following questions accurately and completely. **You must also provide documentation supporting your financial or medical hardship or your request will be denied.**

I. PERSONAL INFORMATION

Name/Applicant [Obligor First Name] [Obligor Last Name]	D.O.B.	Legal Representative (if applicable)	
Mailing Address	City	State	ZIP
Case No.	Phone ()	Message Phone (within 48 hours) ()	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1)	D.O.B	Relationship	Name 3)	D.O.B	Relationship
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			A. TOTAL INCOME	\$
Employer's Address				Phone ()

IV. EXPENSES

V. TOTAL INCOME

Type of Expense	Amount		
Child Support Paid Out			
Child Care (if working only)		Total Income – Allowable Expenses = Adjusted Total Income	
Transportation for Work			
Insurance Premiums		A. TOTAL INCOME	\$
Extraordinary Medical/Dental Bills		- B. EXPENSES	\$
Medical & Associated Costs Of Caring for Infirm Family Members		C. ADJUSTED TOTAL INCOME	\$
B. EXPENSES	\$		

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		C. ADJ. TOTAL INCOME	
Electric			
Gas		D. TOTAL ASSETS	
Fuel			
Telephone		E. LIABILITIES & OTHER	
Cable			
Water / Sewer / Trash			
Credit Cards			
Loans			
Taxes Owed			
Other			
E. LIABILITIES & OTHER EXPENSE			

I, _____ (your name) 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