Allen County Child	Sup	port Enfo	rcement /	Agency
	Phone: Fax:	419 224-7133 419 222-6135 200 W. Market Stre	E-Mail: CICC_al	. 800 224-7133 len@jfs.ohio.gov a. Ohio 45801
support is key	Address.	ess: 200 W. Market Street, P.O. Box 1589, Lima, Ohio 45801 Vicki J. Tarr, Director		
Your Name:				
Name of Other Party:				
Case Number(s):				
I would like to forgive the child support a	rrears o	wed to me as foll	ows (please selec	t only one):
The full amount owed; or				
The amount of				
Signature			Date	
**** Remember to please include a copy of your driver's license or other photo ID or this form will not be accepted. ****				
State of Ohio SS:				
County of Allen				
The above named	a notary	/ public in and f	or said County ar	nd State and
Wherefore, in witness hereof, I hereunto s	set my h	and and official s	eal this	day of
	<u> </u>	····· <u>-</u> ·· <u>·</u> ·······		

Notary Public