

Ohio Department of Job and Family Services
REQUEST FOR CASE INFORMATION

In accordance with Ohio Administrative Code rule 5101:12-1-20 and its supplemental rules, case information may only be disclosed to an authorized requestor for an authorized purpose. This form must be completed and signed in order to obtain information contained in any case record. Should your request fall outside the scope of the rule, your request for information will be denied.

Section A – To be completed by all requestors

1. Requestor's Information

Name:
Title:
Telephone Number:

Address:
Address line 2:
City/State/Zip:

Request regarding:
SETS case #:
Other case parties:

SSN of party:
Order #:

Check if you have received written permission from a case participant for information. (Original document must be attached)

2. The requestor is: (check one below)

County Agency or Contract Staff (Complete **Sections C & D**)
Name of County Agency: _____
If contract staff, name of vendor: _____
 County Court (Complete **Sections B & D**)
Name of Court: _____

State Agency or Contract Staff (Complete **Sections B & D**)
Name of State Agency: _____
If contract staff, name of vendor: _____
 Other (complete **Sections B & D**)
Title/Relationship to case: _____

Section B

1. Request Purpose (check all that apply)

Location Paternity Establishment Support Collections/Disbursements
 Audit Support Establishment/Review Enforcement
 Other: _____

Section C

1. Request Purpose (check all that apply)

IV-A (OWF) Eligibility Food Stamps Eligibility IV-E (PCSA)
 Medicaid Eligibility Title XX Eligibility Fraud Investigation
 Workforce Development Other: _____

Section D

1. Describe the information you are requesting and how the requested information will be utilized (attach additional pages if needed):

..

By my signature below, I attest that the information I have provided on this form is complete and accurate and that any information provided to me as a result will be utilized only for the purpose described above.

Signature

Date

For mailed or faxed information request from individuals, this document must be notarized.

Before me, _____, named _____ who signed _____ or by _____ firmation _____ of _____, in the year _____.

Signature of Notary Public

Commission Expires