

CHILD SUPPORT

Prosecuting Attorney
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ENFORCEMENT AGENCY WARREN COUNTY, OHIO

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Director, CSEA
Thomas E. A. Howard

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E-mail: wccsea@jfs.ohio.gov

CONSENT TO DISCLOSE INFORMATION

I hereby give my consent and release for the Warren County Child Enforcement Agency to provide information regarding my Child support case to:

_____ Case No. _____ Date: ___/___/___
Print name of person to whom consent is being given

Signature of party to case

Signature name of person to whom consent is being given

Print name of party to case

Print name of person to whom consent is being given

Print address and phone number of person to whom consent is being given

Social security number
_____/_____/_____
Date of birth

Social security number
_____/_____/_____
Date of birth

I understand that this consent to disclose does not expire. I also understand that by signing this consent to disclose, I agree for the CSEA to disclose information to the third party listed above. I also understand that to revoke this consent form, I must submit my revocation in writing. Until I revoke my consent, the CSEA will continue to disclose information to the individual listed above.

ACKNOWLEDGEMENT OF NOTARY

STATE OF: _____

COUNTY OF: _____

THE foregoing instrument was acknowledged before me on this _____ day of _____, 20____ by _____ (Print party to case full name), who is personally

known to me or has provided _____ as identification.

Signature of person taking acknowledgement

Name of person taking acknowledgement

Name typed, printed, or stamped

Title or rank

Serial No. (if applicable)