

Date:

SETS#:

Order#:

By signing this consent form, you agree to have the Lorain County Child Support Enforcement Agency (CSEA) apply unemployment compensation funds (OBES) to the administrative fee arrears in the case listed above.

I, _____, agree to have OBES monies applied to the administrative fee arrears in my child support case.

Signature

Date

CSEA Representative

Cc: Obligor