

CARETAKER AFFIDAVIT
PURSUANT TO O.R.C. 3119.951 THROUGH 3119.9541

Now comes _____, who being duly sworn states that following:

1. I am the Caretaker, as defined by R.C. 3119.01(C)(1), of the below listed child(ren):

Child's Name _____
Date of Birth _____
Mother's Name _____
Father's Name _____
Child's Address _____

Child's Name _____
Date of Birth _____
Mother's Name _____
Father's Name _____
Child's Address _____

Child's Name _____
Date of Birth _____
Mother's Name _____
Father's Name _____
Child's Address _____

Child's Name _____
Date of Birth _____
Mother's Name _____
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2. Caretaker is defined below and the following apply to me:

(Initial all that apply)

- ☐ I am a person with whom the below listed child resides and has done so for at least thirty consecutive days, and who I am the primary caregiver;
- ☐ I am a person who is receiving public assistance on behalf of the child listed below;
- ☐ I am person or agency with legal custody of the child listed below, including a county department of jobs and family services or a public children services agency
- ☐ I am the (court appointed) guardian of the person or the estate of the child listed below;
- ☐ I am the representative of any other appropriate court or agency with custody of the child.

3. Caretaker excludes the following and I am none of the below:

(Initial all that apply)

- ☐ I am not the biological parent of the child listed below.
- ☐ I am not the adoptive parent of the child listed below.
- ☐ I am not the host family, as defined in R.C. 2151.90.

4. I am the Primary Caregiver of the above listed child(ren).

5. The above listed child(ren) has/have resided with me for at least thirty (30) consecutive days.

6. The below information is accurate to the best of my knowledge as it relates to pending court actions regarding the above listed children:

☐ No pending child support and/or custody cases relating to the above listed children.

☐ There is/are pending child support and/or custody cases relating to the above listed children. The case number(s) are listed below.

State _____	County _____	Case Number _____
State _____	County _____	Case Number _____
State _____	County _____	Case Number _____
State _____	County _____	Case Number _____

7. I have completed the IV-D Child Support application that permits CSEA to conduct a redirect investigation.

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By completing and notarizing this affidavit, I am authorizing Lorain County CSEA to perform an investigation to determine if a redirection, modification, termination of a redirection of a previous child support order is appropriate and/or necessary under R.C. 3119.51 to 3119.9541.

Should any of the above information I will notify Lorain County CSEA immediately.

I, _____, swear and affirm that I have read this Affidavit, and to the best of my knowledge and belief, the facts and information stated and/or supplied in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

(Only sign in the presence of a Notary)

Your Signature

STATE OF OHIO)
) SS
LORAIN COUNTY)

Sworn to or affirmed before me by _____ this day of _____ year of 202__.

Notary Public

(Affix seal here)

Commission Expiration Date: _____