

The Obligor shall check the appropriate boxes in Section A and fill in the needed information when any of these events occur. Section B may also be completed at Obligor's discretion. The custodial parent is obligated to complete Section B. Documents are to be mailed to:

MAHONING COUNTY CHILD SUPPORT ENFORCEMENT AGENCY, 709 North Garland, P.O. Box 119, Youngstown, OH 44501-0600.

A willful failure by either party to notify is contempt of court. Contempt can be accompanied by a fine of not more than fifty dollars for a first offense, not more one hundred dollars for a second offense, and not more than five hundred dollars for each subsequent offense.

NOTIFICATION

TO: _____ CSEA
DATE: _____

SECTION A - OBLIGOR NOTIFICATION

I have terminated my employment effective _____, _____. I will receive unemployment benefits of _____ per _____

I will be employed as a _____, at (Name of new employer and payroll address and telephone _____ number)

My new rate of pay will be \$ _____ per _____. I am scheduled to receive 12 24 26 52 pay checks per year. Telephone number of employer or income source _____

I will become self-employed effective _____, _____. The nature of said business is _____ Said business shall have its business account at (Financial Institution) _____ (Address) _____ (City, State, Zip) _____ in the name of _____ Account Number _____

I am drawing sick leave disability benefits in the amount of \$ _____ per _____ starting on _____ from (Institution) _____ (Address) _____ (City, State, Zip) _____

My Worker's Compensation will commence terminate increase decrease effective _____, 19____ to \$ _____ per _____ Claim No. _____

I have opened a new Financial Institution Account in the name of: _____ Account Number _____ at (Name of Institution) _____ (Address) _____ (City, State, Zip) _____

I am retiring effective _____, ____ and will receive \$ _____ per _____ from (Source) _____ (Address) _____

I have acquired or expect to receive one or more of the following:

Lump sum payment in excess of \$150 as a result of: _____ from _____ whose address is _____

Real Property Located at: _____

Other property with a value in excess of \$1000 described as follows: _____

Other income or assets not otherwise included on this form such as lottery proceeds, inheritances, insurance settlements, tax refunds, etc. described as follows: _____

OBLIGOR'S SIGNATURE _____

SECTION B - OBLIGEE NOTIFICATION

Child Support for _____ born, _____, 19 _____;
should stop because this child:

graduated from high school on _____, 19____ no longer resides with me as of _____,
19____

married on _____, 19____ enlisted in the Armed Forces on _____,
19____

any other reason that child support should not be paid: Please describe:

_____ as of _____,
19____

Alimony should stop on _____, 19____, Due to: Remarriage Death Full Time Employment Other,
please describe _____

OBLIGEE'S SIGNATURE _____

ACKNOWLEDGMENT
I HEREBY ACKNOWLEDGE BEING PROVIDED A COPY OF THIS WITHHOLDING NOTICE.

OBLIGOR

OBLIGEE