

PURSUANT TO YOUR HEALTH CARE ORDER, YOU MUST PROVIDE VERIFICATION TO THE CHILD SUPPORT ENFORCEMENT AGENCY. FAILURE TO DO SO MAY RESULT IN A FINDING OF CONTEMPT. FAILURE TO COMPLY WITH THE HEALTH CARE ORDER MAY RESULT IN ADDITIONAL PENALTIES AS WELL. RETURN THIS FORM TO:

HAMILTON COUNTY ENFORCEMENT AGENCY
222 E. CENTRAL PARKWAY
CINCINNATI, OHIO 45202-1332

OR

ATTACH TO YOUR DECREE OR AGREED ENTRY

Plaintiff / Petitioner () Obligor () Oblige

Enter _____

Date _____

Case No. _____

-vs/and-

File No. _____

CSEA No. _____

Defendant / Petitioner () Obligor () Oblige

Judge _____

HEALTH CARE VERIFICATION (C.S.E.A.)

() Obligor () Oblige

() Attorney

Ins. Policy No. _____

Insurer: _____

Whereas, _____(obligor/oblige) is ordered to obtain/maintain health coverage for the minor child(ren) and whereas O.R.C. §3119.31 imposes verification requirements upon the above named person, _____(obligor/oblige) hereby swears under penalty of contempt as follows:

- (1) I have obtained/am maintaining health care coverage as ordered. Said coverage is in full force and effect.
- (2) I have sent or will send contemporaneous with this affidavit, a copy of the health care order to the insurer.
- (3) (Obligor Only) - I have supplied Oblige with: a) insurance forms necessary to receive payment, reimbursement or other benefits; b) necessary insurance cards, and c) information regarding the benefits, limitations, and exclusions of the health care coverage.

Affiant

Sworn to before me and subscribed in my presence by _____
(Obligor/Oblige)

this _____ day of _____, 20_____.

Notary Public

***** VERIFICATION *****

Attorneys for Obligor and Oblige agree that the requirements of O.R.C. §3119.31 have been met and that notification to the Child Support Enforcement Agency is not required.

Attorney for Obligor

Attorney for Oblige