

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

Name: _____ : Date _____

Address: _____ : Case No. _____

_____ : File No. _____

-vs/and- : CSEA No. _____

Name: _____ : Judge _____

Address _____ : Magistrate _____

**MOTION TO REVIEW AGENCY
(CSEA) DECISION**

Now comes _____ and requests the court to schedule a hearing for the
Plaintiff / Defendant
purpose of reviewing an administrative decision issued by the Hamilton County Child Support
Enforcement Agency. The reason for this request is as follows:

Type of CSEA Decision being reviewed:

- Default/Medical Mistake of Fact
- Administrative Review/Modification

Signature

Address

City State Zip Code

Notice of Hearing

Notice is hereby given that a hearing for (type of Hearing) _____
has been scheduled on (date) _____ at (time) _____
for (length) _____ before Judge / Magistrate _____ in
Room _____. Said hearing will take place at 800 Broadway, Cincinnati, Ohio.

Certificate of Service

I hereby certify that a copy of the foregoing motion has been served by Certified Mail/Personal
Service/Ordinary U.S. Mail to the Hamilton County CSEA and to _____
Plaintiff/Defendant

at the above captioned address on the _____ day of _____, 20_____.