



Cuyahoga County Executive

DECLARATION OF SUPPORT OBLIGATION

EMPLOYEE INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Date of Hire by Cuyahoga County: _____ - _____ - _____

New Hire Agency / Department Name: _____

New Hire Agency / Department Address: _____

CHECK ONE OF THE FOLLOWING:

- I AM currently under an order and responsible to pay child support.
- I AM currently under an order and responsible to pay spousal support.
- I AM responsible to report my employment status to a Court or an Administrative Agency.
- Currently, I am NOT under a judicial and/or administrative order to make child support and/or spousal support payments.

If YES, provide the following information for each order:

Order/Case #	Custodial Parent Name	County/State order initiated
_____	_____	_____
_____	_____	_____

NOTE: Providing this information **DOES NOT** release the employee from any legal obligation you may have to inform any court or administrative child support agency regarding your employment with Cuyahoga County. **The purposeful provision of inaccurate or incomplete information upon this form may result in termination of employment.**

Signature of Employee

Date

I have verified employee's social security number:

Signature of Personnel Officer

Date