

Ohio Department of Job and Family Services  
**REQUEST FOR CASE INFORMATION**

In accordance with Ohio Administrative Code rule 5101:12-1-20 and its supplemental rules, case information may only be disclosed to an authorized requestor for an authorized purpose. This form must be completed and signed in order to obtain information contained in any case record. Should your request fall outside the scope of the rule, your request for information will be denied.

**Section A – To be completed by all requestors**

**1. Requestor's Information**

Name: <Last, First, MI> Address: <Requestors Address>  
Title: <Job Title> Address line 2: <Address Line 2>  
Telephone Number: <(xxx) xxx-xxxx> City/State/Zip: <City, State, Zip Code>

Request regarding: <Last, First, MI> SSN of party: <SSN>  
SETS case #: <SETS Case #> Order #: <Order #>  
Other case parties: <Last, First, MI> <Last, First, MI>  
<Last, First, MI> <Last, First, MI>

Check if you have received written permission from a case participant for information. (Original document must be attached)

**2. The requestor is: (check one below)**

- County Agency or Contract Staff (Complete **Sections C & D**)  
Name of County Agency: <Agency Name>  
If contract staff, name of vendor: <Name of Vendor>
- County Court (Complete **Sections B & D**)  
Name of Court: <County Court Name>
- State Agency or Contract Staff (Complete **Sections B & D**)  
Name of State Agency: <Agency Name>  
If contract staff, name of vendor: <Name of Vendor>
- Other (complete **Sections B & D**)  
Title/Relationship to case: <describe>

**Section B**

**1. Request Purpose (check all that apply)**

- Location  Paternity Establishment  Support Collections/Disbursements  
 Audit  Support Establishment/Review  Enforcement  
 Other: <describe>

**Section C**

**1. Request Purpose (check all that apply)**

- IV-A (OWF) Eligibility  Food Stamps Eligibility  IV-E (PCSA)  
 Medicaid Eligibility  Title XX Eligibility  Fraud Investigation  
 Workforce Development  Other: <describe>

**Section D**

**1. Describe the information you are requesting and how the requested information will be utilized (attach additional pages if needed):**

<Describe>

**By my signature below, I attest that the information I have provided on this form is complete and accurate and that any information provided to me as a result will be utilized only for the purpose described above.**

Signature

Date

**For mailed or faxed information request from individuals, this document must be notarized.**

Before me appeared the above named person who signed this affidavit under oath or by affirmation on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expires