

APPROVAL OF AUTHORIZED REPRESENTATION

		Pursuant to Ohio Administra	ative Code 5101:	12-1-20.1 Use of Information,		
I _	[Client Fi	rst Name] [Client Last Name]	SSN:	[Client SSN]		
recoi	rds that a	re held by the Cuyahoga Job and F	amily Services (uthorization form, access and/or th CJFS), Office of Child Support Servi rmation released pursuant to this for	ices (OCSS). I	
All th	ne inform	ation in this section must be cor	npleted:			
	SETS Case Number : [SETS Number]					
	Autho	Authorized Representative Name:				
	Authorized Representative is my Attorney: [] No [] Yes- Attorney ID					
	Autho	rized Representative Address:				
	Autho	rized Representative Telephone # _		Ext:		
	-					
	•	·		re checked concerning my case, t	ne information	
aske		w must be completed or it may dela	•	• •		
			_	ate: **		
	* If you do not enter a start date for the authorization, CJFS-OCSS will not update your records to reflect the person that you have named as the					
	authorized representative.					
	** If you do not enter an end date for the authorization, we will automatically terminate the authorization twelve months following the "Start Date." The individual named above is authorized to					
	perform the actions that I have checked (check all that pertain):					
	[] Receive all information on my behalf [] Change my address and telephone number					
	Update my employment information					
		 Receive all mail from the agency that is addressed to me Receive and sign for any legal document on my behalf that may be transmitted by the CJFS- 				
ocs	S	[]	,	, Jonan anat may to actioning	,	
	Signed:		Date:			

Cuyahoga Job and Family Services, Office of Child Support Services

Mailing Address: P.O. Box 93318, Cleveland, OH 44101-5318 Street Address: 1640 Superior Ave., Cleveland, OH 44114-2908

Phone: (216) 443-5100 ~ Toll Free in Ohio: 1-800-443-1431 ~ Ohio Relay Service 711

Faxes: Direct Services: (216) 443-5145 ~ Client Services: (216) 344-2997 ~ Finance & Operations: (216) 515-8484