

Child Support Enforcement Agency

A Division of the Hamilton County Department of Job & Family Services

Main Office • 222 E. Central Parkway • Cincinnati • OH • 45202

Hamilton County Neighborhood Center • 237 William Howard Taft Rd. • Cincinnati • OH • 45219

Date: Jun 2, 2009

SETS No:

To:

CINCINNATI OH

Dear Consumer:

After reviewing your case, the Child Support Enforcement Agency has discovered that the child/ren listed below for whom support was ordered is/are approaching the age of majority or has/have reached the age of majority and modification of the order may be necessary.

Important

- You must complete and return the **Emancipation Questionnaire** below in the enclosed return envelope **within 15 calendar days**.
- **Failure to complete and return this Questionnaire will result in the termination of the current child support order as of the child's 18th birthday.**

Questions?

Please call me at the number listed below.

Thank you for your cooperation.

Support Enforcement Technician - Phone: 946-

Emancipation Questionnaire

1. **Child's Name:** _____

2. **Child's date of birth:** _____

3. **Has your child graduated?**

Yes — If yes:

- List the date of graduation: _____
- List the name of school: _____
- **Attach verification** of graduation such as: a copy of the diploma; a copy of the graduation announcement; a letter from the school; or a copy of the graduation program.

No — If no:

- Is the child attending school: part-time; or full-time
- The name of school your child currently attends: _____
- List the date your child should graduate: _____
- **Attach verification** of current enrollment in school.

If your child did not graduate, but instead *withdrew* from school:

- List the date of withdrawal: _____
- Name of school child withdrew from: _____
- **Attach verification** of withdrawal from the school.

4. **Has your child been emancipated for any of these reasons?** Check the appropriate box and **provide verification**.

- Marriage
- Induction into the Armed Services
- Death

Custodial/Absent Parent's Signature:		Address:		
Date:	Phone:	City:	State:	Zip: