



GEAUGA COUNTY BOARD OF COMMISSIONERS

James W. Dvorak Timothy C. Lennon Ralph Spidalieri

DEPARTMENT OF JOB AND FAMILY SERVICES
12611 Ravenwood Dr, Suite 150, P.O. Box 309, Chardon, Ohio 44024

Craig A. Swenson,
Executive Director

Case Number: _____ Order Number: _____
Due Date: _____

PART ONE must be completed by NONCUSTODIAL PARENT

- A. Physician's Name _____
- B. Physician's Address _____

- City State Zip
- C. Physician's Phone # _____

I authorize the above-named physician to release to the Geauga County Child Support Division all information pertaining to my treatment for illness or injury, which has caused me to be unable to work and meet my support obligations.

_____ Date _____ Signature of Noncustodial Parent

_____ SSN _____ Printed Name of Noncustodial Parent

PART TWO must be completed by PHYSICIAN

1. Nature of Illness/Injury: _____

2. Date of first treatment for this disability: _____
3. Is the illness/injury temporary or permanent? _____
4. If permanent, is the illness/injury one that **permanently** prevents the patient from **ever** returning to work?

5. Or, will the patient eventually be able to return to work with some limitations? _____
Please provide an approximate date when the patient may return to work: _____
Describe any limitations below.

6. If temporary, when is patient expected to be able to return to work?

_____ Signature of Physician _____ Date

Please stamp or write your office contact information below.

CSED ENFOR-Off Work/Dr Note