

**DEFIANCE COUNTY
CHILD SUPPORT ENFORCEMENT AGENCY**

1300 E. Second St, Suite 204
DEFIANCE, OHIO 43512
419-784-2123
FAX 419-782-7680
1-800-569-8003

PROOF OF EMPLOYMENT SOUGHT FORM

Date:

Case No:

Obligor:

Due Date:

You have been directed to report to the Defiance County Child Support Agency with a list of **NEW EMPLOYERS** where you have applied for employment. You are immediately to report any changes in income, employment status, or address to the agency.

Date	Company & Address	Phone No.	Employer's Sign	How You Applied At the Business:
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				<input type="checkbox"/> Application <input type="checkbox"/> Resume
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Signature: _____

Date	Company & Address	Phone No.	Employer's Sign	How You Applied At the Business:
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Current Address: _____
Change? Yes No _____
