

NOTICE HONORING FAMILY SUPPORT FOR ONGOING AWARDS

(Project Use Only - Corr41)

BWC Logo

mm/dd/yy

Addressed to:
(Child Support Enforcement Agency/Court)

Injured Worker:	
Claim Number:	Employer's Name:
Injury Date:	Policy Number:
Claim Type:	Employer Status:
Social Security #:	
CSEA ID # or Case #:	
Injured Worker Last Known Address:	

The following action has been taken or should be noted per Ohio Revised Code Section 3113.21:

Weekly benefits will be reduced based upon @/a (Court Order type) Court order from @/a (CSEA/county) Court, ordering weekly deductions of \$ @/a (amount) dated @/a (date of court filing). Per Section 303(b) of 15 U.S.C 1673(b), this agency will deduct \$ @/a (amount) per week effective @/a (effective date) from compensation due claimant under claim @/a (claim).

This award is subject to collection by BWC should any overpayment exist and/or be pro-rated should other family support orders be in effect for this injured worker. In addition, this award may be subject to collection at the rate specified by the court.

If you have any questions or comments regarding this correspondence, please contact the assigned claims representative at the telephone number listed below.

Claims Rep:	
(Service Office Name)	Team #:
(Service Office Address)	Phone #:
(Service Office City/St)	Fax #:

cc: Injured Worker
Injured Worker Rep
Employer
Employer Rep