

**NOTICE TO CHILD SUPPORT ENFORCEMENT AGENCY FOR RELEASE OF LUMP SUM  
AWARD**

(Project Use Only - Corr46)

BWC Logo

mm/dd/yy

Addressed to:  
(Child Support Enforcement Agency)

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

The following action should be noted per O. R. C. Section 3113.21:

Court Order from @/@ (CSEA/county) Court ordering lump sum deductions of \$ @ @ (amount) dated @/@ (date of court filing) has been received by BWC. This agency will deduct \$ @/@ (amount) from compensation due to injured worker under claim number @/@ (claim #).

This award is subject to collection by BWC should any overpayment exist and/or may be pro-rated should other family support orders exist for this injured worker.

If you have any questions or comments regarding this correspondence, please contact the assigned claims service specialist 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