

IN THE SUPREME COURT OF OHIO

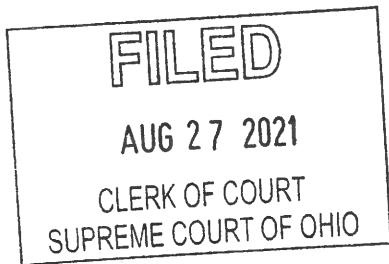
21-1070

A ORIGINAL ACTION, FILED BY TAREQ JABR,RELATOR.

A ORIGINAL ACTION; FILED BY PLAINTIFF OR AND RELATOR,TAREQ JABR.VS . STATE OF OHIO , ATTORNEY GENERAL DAVE YOST,AND DEPT. OF JOB AND FAMILY SERVICES, DEFS., AND OR RESPONDENTS IN THIS CASE,.YOUR HONORS.

TAREQ JABR, PLAINTIFF OR RELATOR.  
793 SOUTH BURGESS AVE.  
COLUMBUS, OHIO 43204

STATE OF OHIO,ATT.  
VS. GENERAL DAVE YOST  
STATE OF OHIO DEPT  
OF JOB AND FAMILY  
SERVICES,DEFS,OR  
RESPONDENTS.  
AT 150 EAST GAY ST.  
18<sup>TH</sup> FLR. COLUMBUS  
OHIO, 43215.



NOW COMES THE RELATOR,AND OR PLAINTIFF,TAREQ JABR FILING THIS ORIGINAL ACTION ON THE DEFS, AND OR RESPONDENTS, STATE OF OHIO ATTORNEY,GENERAL DAVE YOST,ALSO DEPT, OF JOB AND FAMILY SERVICES , THAT I MR. TAREQ JABR ,THAT'S ON SSI DISABILITY,AND IS PROTECTED BY THE ADA LAWS OF THE DISABILITY LAWS AND RULES.

I TAREQ JABR HAS BEEN ROBBED BY THE STATE OF OHIO PLUS DAVE YOST WILL NOT DUE A THING ABOUT THIS SITUATION.PLUS ALL ILLEGAL DOCOMENTS , DEFRAUDED I TAREQ JABR OUT OF ILLEGAL GARNISHMENTS FROM MY SSI DISABILITY CHECKS,WHICH TOTALS ABOUT, 32,912 DOLLARS, ILLEGALLY FROM MY CHECKS FROM 7-2 2008 TILL I GOT A LETTER FROM SSI,DATED 6-24-2019, TELLING THE STATE OF OHIO, TO STOP ,BUT THE STATE IS STILL ILLEGALLY CHARGING ME 61.20 MONTHLY TILL NOW AND ONGOING YOUR HONORS OF THE COURT.BREAKING ALL THE LAWS INCLUDING FEDERAL LAWS THAT PROTECT PEOPLE ON SSI DISABILITYS, LIKE I TAREQ JABR, YOUR HONORS.

THE RESPONDENTS ARE IN VIOLATIONS OF 8 U.S CODE 1324 C A1 THRU A5 .B EXCEPTION PROHIBITED D ENFORCEMENT OF LAWS ON DEFS, AND RESPONDENTS, ARE IN VIOLATIONS OF ALL FEDERAL LAWS, IN THIS COMPLAINT, YOUR HONORS.

PEOPLE ON SSI ARE EXEMPT, FROM ANY ILLEGAL GARNISHMENTS, AND ALSO IN 2008 THE STATE, AND OHIO JOB AND FAMILY SERVICES, PUT AN ILLEGAL INCOME DOCUMENTS THAT I TAREQ JABR MAKE 10,000 IN YEARLY INCOME, THEN THE STATE OF OHIO PUT THE SAME INCOME OF 10,000 ON THESE ILLEGAL DOCUMENTS POST STAMPED,9-3-2019,ILLEGALLY, ON TAREQ JABR.THAT THESE LAWS OF 8 U.S CODE 1324 C A1 THRU-A5 , AND OTHER RULES BECOME INFORCABLE, ON THE state and DAVE YOST THAT IS PROTECTING THE STATE OF OHIO JOB AND FAMILY SERVICES,ILLEGALLY DOCUMENTS AND ORDER ON A MAN ON SSI DISABILITY, YOU HONORS OF THIS COURT.

SINCE THERES FRAUD , PLUS FEDERAL LAWS, THAT ARE BEING BROKEN, AND VIOLATED, BY THE STATE AND ATT. GENERAL DAVE YOST, ALSO DEPT, OF JOB AND FAMILY SERVICES, THAT NO ONE IS ABOVE THE LAWS, YOUR HONOR. OUT OF ABOUT 70 MILLION PEOPLE, ON SSI DISABILITY, THAT I TAREQ JABR HAS TO PAY A HEAVY PRICE ON

ALL OF THIS ILLEGALL ACTIONS FROM THIS STATE, AND THE BIAS STATE, ALSO ARTBITARY, DAVE YOST , FROM ALL THIS ILLEGAL ACTIONS I TAREQ JABR , HAVE INJURIES PLUS ON NEW MEDS, CAUSE OF THE ILEGAL ACTIONS FROM THE STATE, I HAVE A IRRULAR HEART BEAT , STOMACH MEDS, DEPRESSION PLUS HARASSMENTS, FROM ALL OF THIS WRONGDOINGS OF THE STATE OF OHIO YOUR HONORS OF THE COURT.

HIGHER BLOOD PRESSURE ALSO.

PLUS I TAREQ JABR , SSI INCOME AND DISABILITY CAME OUT ON 1-1-2008, TILL PRESENT TIME AND ONGOING. THE ILLEGAL ORDER ,CAME OUT ON 7-2-2008, FOR THE AMOUNT OF 450 DOLLARS,ON MY CHECK OF ONLY 527 DOLLARS,MONTHLY ONLY LEAVING I TAREQ NEARLY HOMELESS WITH ONLY ABOUT 90 DOLLARS MONTHLY TO LIVE ON YOUR HONORS OF THE COURT.I TAREQ JABR PAID A HEAVY PRICE IN THESE ILLEGAL ACTIONS FROM THE STATE THAT'S ALL ILLEGALLY ORDER PLUS DOCUMENTS ON TAREQ JABR .

WITH RESPECT YOUR HONORS TO FINE THE STATE, TAKE THESE UNLAWFUL STATE TO JAIL SINCE THIS CASE HAS FEDERAL LAWS THAT BEEN VIOLATED, THAT'S GIVES FULL JURISDICTIONS, TO THIS COURT TO TAKE ACTIONS ON THIS UNFAIR BIAS STATE YOUR HONORS.

ALSO WITH RESPECT, I TAREQ JABR DEMAND THAT THIS COURT GIVE THE STATE, THAT HAS BROKEN AND VIOLATED, ALL FEDERAL LAWS, TO ORDER THEM TO PAY , TAREQ JABR, 32,912 IN WRONGFUL ILLEGAL, GARNISHMENTS ASLSO ILLEGAL DOCUMENTS, THAT THE STATE HAS VOLATED.ALSO IN

THIS COMPLAINT IN SUIT, I TAREQ JABR DEMAND 3 MILLION DOLLARS IN DAMAGES, PLUS THE 32,912 IN ALL ILLEGAL GARNISHMENTS, YOUR HONORS, PLUS ALL INJURIES I HAVE FROM THE STATE.3 MILLION IS MY DEMAND AND ORDER, ALSO SOME PROOFS ATTACHED, IN. MORE LATER.



signed  
Tareq JABR

\*CORRECTED\*

(See Body of Main Order)

**ADDENDUM to ADMINISTRATIVE ORDER**

Case Number 7058087896/P-200708590

3R  
157<sup>TH</sup> STREET  
OH 44135

JAMILA JABR  
6691 WEDGEWOOD DR  
NORTH OLMSTED OH 44070

THIS ADDENDUM IS ATTACHED AND INCOPORATED AS A PART OF THE ADMINISTRATIVE ORDER OF SUPPORT, AS IF FULLY RE-WRITTEN THEREIN.

latter came on for an Administrative Hearing on 06/30/2008 before, Sabrina Davis, an Administrative Hearing Officer for the Cuyahoga Support Enforcement Agency, in accordance section 3111.22 of the Ohio Revised Code. The following Parties appeared at the hearing: Mother and Father. Mother is hereinafter referred to as "Obligee" and Father is hereinafter referred to as "Obligor".

After review of the agency records and consideration of testimony and arguments offered by each party on behalf of the parties, the hearing officer finds as follows:

3 children reside with Mother.

Obligor is currently self-employed in the business of Sales. Obligor's income from self-employment is \$10,800.00 per year. Information provided by: Testimony.

Additional income imputed to Obligor in the amount of \$3,760.00 per year to bring him up to minimum wage.

Obligee is currently self-employed in the business of Daycare. Obligee's income from self-employment is \$10,400.00 per year. Information provided by: Testimony

Additional income imputed to Obligee in the amount of \$4,160.00 per year to bring her up to minimum wage.

The parties have a total of five (5) children together. The parties have one (1) pre-existing support order for three (3) of their children under which the obligor is ordered to pay support of \$150.00 per month, plus processing fees. Support in this case is the difference between guidelines run for five (5) children and the prior pre-existing support order (\$441.78 - \$150.00 = \$291.78).

Child support is \$291.78 per month total (\$145.89 per child, per month), plus 2% processing fee.

Obligor and Obligee shall share the responsibility of all medical expenses for the child(ren) in accordance with the formula: Obligor-50%, Obligee-50%.

SEP 03 2010

Date

  
Administrative Hearing Officer  
Gerald K. Freund

COUNTY CSEA  
8910 AVE. EAST  
193318  
LAND, OH 44101-5318  
e: 216-443-5100  
Free: 800-443-1431  
ax: 216-515-8484

ADMINISTRATIVE ORDER  
FOR CHILD SUPPORT AND HEALTH CARE

**\*Corrected Order\***

Original Order  
 Modified Order

Date of Issuance: 09/03/2019

Original Date of Issuance: 07/02/2008

JAMILA JABR  
Child Support Obligee

P200708590  
Order Number

And

TAREQ JABR  
Child Support Obligor  
382-84-4770  
Obligor's Social Security Number  
02/07/1964  
Obligor's Date of Birth

7058087896  
Case Number

\*The order issued on 07/02/2008 incorrectly listed the child Ameer Jabr (D.O.B. 08/03/1996) as subject to the administrative order and also issued an order of support for all five (5) of the parties' children. Only two (2) children are subject of the administrative order. Additionally, the order did not indicate how the support based on the guidelines provided needed to be adjusted by deducting the prior support for three (3) of the parties children under the Domestic Court Order in D-00273658 from the total guideline support amount to determine support for the two (2) children on this order. This order is corrected to eliminate the above errors.\*

The CUYAHOGA County of Child Support Enforcement Agency (CSEA) find that  
TAREQ JABR is the parent of the child(ren) named below:

Name of Child(ren)	Date of Birth
JABRIEL JABR	05/14/2002
LAYALEE-JAMILA T JABR	05/06/2005

TAREQ JABR has a duty of support for said child(ren)  
Based on either a final Acknowledgment of Paternity affidavit filed with the  
Central Paternity Registry, a presumption of paternity pursuant to section  
3111.03 of the Ohio Revised Code, or an administrative paternity determination  
by the CUYAHOGA County CSEA.

PROVISIONS FOR CHILD SUPPORT

It is hereby ORDERED that:

(A) TAREQ JABR shall be the Child Support Obligor and pay \$291.78 per month for current support plus 2% processing charge, for a total of \$297.62, effective 07/02/2008. (Guidelines Worksheet Attached). The parties have a total of five (5) children together. The parties have one (1) pre-existing support order for three (3) of their children under which the obligor is ordered to pay support of \$150.00 per month, plus processing fees. Support in this case is the difference between guidelines run for five (5) children and the prior pre-existing support order (\$441.78 - \$150.00 = \$291.78). The Child Support Obligor shall pay any other existing orders which are not expressly modified herein.

(B) Payments are to be paid to Child Support Payment Central (CSPC), P.O. Box 182372, Columbus, OH 43218. The Child Support Obligor shall make payments by Certified check or money order until such time as said amounts are withheld by a withholding order issued, if applicable. Include the case number on all certified checks or money orders.

(C) All child support under this order shall be withheld or deducted from the income or assets of the Child Support Obligor pursuant to a withholding or deduction notice or appropriate order issued in accordance with Chapters 3119., 3121., 3123., and 3125. of the Revised Code or a withdrawal directive issued pursuant to sections 3123.24 to 3123.38 of the Revised Code and shall be forwarded to the obligee in accordance with Chapters 3119., 3121., 3123., and 3125. of the Revised Code.

The specific withholding or deduction requirements to be used to collect the support shall be set forth and determined by reference to the notices that are sent out by the Child Support Enforcement Agency in accordance with section 3121.03 of the Ohio Revised Code and shall be determined without the need for any amendment to the administrative support order. Those notices, plus the notices provided by the agency that require the person who is required to pay the support to notify the Child Support Enforcement Agency of any change in his/her employment status or of any other change in the status of his/her assets, are final and are enforceable by the court. Each withholding order shall be for the current support, including fees, and any arrearage payment required under the administrative order.

(D) Pursuant to Revised Code section 3121.28, you are hereby notified that, regardless of the frequency or amount of support payments to be made under the order, the CSEA shall administer the order on a monthly basis, in accordance with sections 3121.51 to 3121.54 of the Revised Code. For the purpose of monthly administration of support payments that are to be made other than on a monthly basis, the CSEA will calculate the monthly amount due in the following manner:

- (1) If the support is to be paid weekly, the CSEA will multiply the weekly amount of support due under the order by fifty-two and divide the resulting amount by twelve.
- (2) If the support is to be paid biweekly, the CSEA will multiply the biweekly amount of support due under the order by twenty-six and divide the resulting amount by twelve.
- (3) If the support is to be paid periodically but not weekly, biweekly, or monthly, the CSEA will multiply the periodic amount of support due by an appropriate number to obtain the annual amount of support due under the order and divide the annual amount of support by twelve.

If payments are to be made other than on a monthly basis, the required monthly administration of the order shall not effect the frequency or the amount of the support payments to be made under the order.

(E) Pursuant to Revised Code section 3121.45, any payment of money by the person responsible for the support payments under a support order to the person entitled to receive the support payments that is not made to the office of child support, or to the child support enforcement agency administering the support order, shall not be considered a payment of support under the support order and, unless the payment is made to discharge an obligation other than support, shall be deemed to be a gift.

#### PROVISIONS FOR HEALTH CARE

In accordance with sections 3119.30 or 3119.32 of the Ohio Revised Code, the Child Support Obligor shall pay 50% and the Child Support Obligee shall pay 50% of the costs of the medical and health care needs of the child, when health insurance coverage is not available as indicated below, OR of the costs of the co-payment or deductible costs required under the health insurance policy, contract, or plan that covers the children, when health insurance coverage is available as indicated below.

If this box is checked, health insurance coverage is available at a reasonable cost through a group policy, contract, or plan offered by the Child Support Obligor's or Child Support Obligee's employer or through any other group policy, contract, or plan available to the Child Support Obligor or Obligee. Therefore, in accordance with section 3119.30 of the Ohio Revised Code, it is hereby ORDERED that, no later than thirty days after the issuance of this order,

shall secure and maintain medical insurance for the above named child(ren) and shall hereafter be referred to as the Health Insurance Obligor.

If this box is checked, health insurance coverage is not available at a reasonable cost through a group policy, contract, or plan offered by the Child Support Obligor's or Child Support Obligee's employer or through any other group policy, contract, or plan available to the Child Support Obligor or Child Support Obligee. If, after the issuance of this order, health insurance coverage for the children becomes available at a reasonable cost through a group policy, contract, or plan offered by the Child Support Obligor's or Child Support Obligee's employer or through any other group policy, contract, or plan available to the Child Support Obligor or Child Support Obligee, the Child Support Obligor or Child Support Obligee to whom the coverage becomes available shall immediately inform the child support enforcement agency.

NOTICE TO THE HEALTH INSURANCE OBLIGOR(S)

1. The Health Insurance Obligor must designate the child(ren) as covered dependents under any health insurance policy, contract, or plan for which the person contracts, no later than thirty days after the issuance of this order.
2. The individual who is to be reimbursed for out-of-pocket medical, optical, hospital, dental, or prescription expenses paid for the child(ren) is:  
Name: JAMILA JABR
3. The health plan administrator that provides the health insurance coverage for the child(ren) may continue making payment for medical, optical, hospital, dental, or prescription services directly to any health care provider in accordance with the applicable health insurance policy, contract, or plan.
4. The Health Insurance Obligor(s) may be required to pay the co-payment or deductible costs required under the health insurance policy, contract, or plan that covers the child(ren).
5. The Health Insurance Obligor(s)'s employer is required to release to the other parent, any person subject to an order issued under section 3109.19 of the Revised Code, or the CSEA on written request any necessary information on the health insurance coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and to otherwise comply with this section and any order or notice issued under this section.
6. If the person required to obtain health care insurance coverage for the children subject to this child support order obtains new employment, the agency shall comply with the requirements of section 3119.34 of the Revised Code, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the children in health care insurance coverage provided by the new employer.
7. The Health Insurance Obligor(s) must provide to the other party information regarding the benefits, limitations, and exclusions of the coverage, copies of any insurance forms necessary to receive reimbursement, payment or other benefits under the coverage, and a copy of any necessary insurance cards no later than thirty days after the issuance of this order.

NOTICE TO CHILD SUPPORT OBLIGOR AND OBLIGEE

EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT ENFORCEMENT AGENCY, IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS, CURRENT RESIDENCE ADDRESS, CURRENT RESIDENCE TELEPHONE NUMBER, CURRENT DRIVER'S LICENSE NUMBER, AND OF ANY CHANGES IN THAT INFORMATION. EACH PARTY MUST NOTIFY THE AGENCY OF ALL CHANGES UNTIL FURTHER NOTICE FROM THE COURT OR AGENCY, WHICHEVER ISSUED THE SUPPORT ORDER.

IF YOU ARE THE CHILD SUPPORT OBLIGOR UNDER A CHILD SUPPORT ORDER AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY BE FINED UP TO \$50 FOR A FIRST OFFENSE, \$100 FOR A SECOND OFFENSE, AND \$500 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE A CHILD SUPPORT OBLIGOR OR OBLIGEE UNDER ANY SUPPORT ORDER ISSUED BY A COURT AND YOU WILLFULLY FAIL TO GIVE THE REQUIRED NOTICES, YOU MAY BE FOUND IN CONTEMPT OF COURT AND BE SUBJECTED TO FINES UP TO \$1,000 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.

IF YOU ARE A CHILD SUPPORT OBLIGOR AND YOU FAIL TO GIVE THE REQUIRED NOTICES, YOU MAY NOT RECEIVE NOTICE OF THE FOLLOWING ENFORCEMENT ACTIONS AGAINST YOU: IMPOSITION OF LIENS AGAINST YOUR PROPERTY; LOSS OF YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, DRIVER'S LICENSE, OR RECREATIONAL LICENSE; WITHHOLDING FROM YOUR INCOME; ACCESS RESTRICTION AND DEDUCTION FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU TO SATISFY YOUR SUPPORT OBLIGATION.

Each party to the support order has a right to request an administrative review of the order thirty-six months from the establishment of the order or from the date of the most recent review, or sooner, if certain circumstances are present. Contact the CUYAHOGA CSEA for further details.

**NOTICE TO THE PARTIES OF AN  
INITIAL ADMINISTRATIVE CHILD SUPPORT ORDER**  
 (This section applies only when box is checked)

Pursuant to Ohio Revised Code Section 3111.84, the mother or father of the child(ren) who is (are) subject of this order may object to this order by bringing an action for the payment of support and provision for the child(ren)'s health care under section 2151.231 of the Ohio Revised Code in the juvenile court or other court with jurisdiction under section 2101.022 or 2301.03 of the Revised Code of the county in which the child support enforcement agency that employs the administrative officer is located. The action shall be brought not later than thirty days after the date of the issuance of the administrative support order. If neither the mother nor the father brings an action for the payment of support and provision for the child(ren)'s health care within that thirty-day period, the administrative support order is final and enforceable by a court and may be modified only as provided in Chapters 3119., 3121., and 3123. of the Ohio Revised Code.

**NOTICE TO THE PARTIES OF THEIR RIGHT TO OBJECT  
TO A MODIFIED ADMINISTRATIVE CHILD SUPPORT ORDER  
WHEN AN ADMINISTRATIVE ADJUSTMENT HEARING HAS BEEN REQUESTED**  
 (This section applies only when box is checked)

In accordance with Ohio Revised Code section 3119.61, the Child Support Obligor and Obligee may object to the modified order by initiating an action under section 2151.231 of the Ohio Revised Code in the juvenile court or other court with jurisdiction under section 2101.022 or 2301.03 of the Ohio Revised Code of the county in which the mother, father, child, or guardian or custodian of the child resides.

*Diana*  
Administrative Officer  
CUYAHOGA County Child Support Enforcement Agency

JUL 02 2008

Date

Please remit all child support payments to: Ohio Child Support Payment Central  
P.O. Box 182372  
Columbus, OH 43218

*Gerald Freund*  
SEP 03 2008

Date

Gerald Freund  
Administrative Hearing Officer

OHIO GUIDELINES CALCULATION  
SOLE/SHARED PARENTING  
DATE: 06/30/2008

Name of parties CPM 01 JABR JAMILA  
APF 02 JABR TAREQ

Case No. 7058087896

Number of minor children 05. The following parent was designated as the residential parent and legal custodian (disregard if shared parenting order):

JABR JAMILA mother, father.  
Column I Column II Column III  
Father Mother Combined

INCOME

1a. Annual gross income from employment or, when determined appropriate by the court or agency, average annual gross income from employment over a reasonable period of years. (exclude overtime, bonuses, self-employment income, or commissions)	10800.00	10400.00
ib. Amount of overtime, bonuses, and commissions (year 1 representing the most recent year) Yr. 3 (Three years ago)	0.00	0.00
Yr. 2 (Two years ago)	0.00	0.00
Yr. 1 (Last calendar year)	0.00	0.00
Average: (Include in Col. I and/or Col. II the average of the three years or the year 1 amount, whichever is less, if there exists a reasonable expectation that the total earnings from overtime and/or bonuses during the current calendar year will meet or exceed the amount that is the lower of the average of the three years or the year 1 amount. If, however, there exists a reasonable expectation that the total earnings from overtime/bonuses during the current calendar year will be less than the lower of the average of the three years or the year 1 amount, include only the amount reasonably expected to be earned this year.)	0.00	0.00
2. For self-employment income:		
2a. Gross receipts from business	0.00	0.00
2b. Ordinary and necessary business expenses	0.00	0.00
2c. 5.6% of adjusted gross income or the actual marginal difference between the actual rate paid by the self-employed individual and the F.I.C.A. rate.	0.00	0.00
2d. Adjusted gross income from self-employment (subtract the sum of 2b and 2c from 2a)	0.00	0.00

OHIO GUIDELINES CALCULATION  
SOLE/SHARED PARENTING  
DATE: 06/30/2008

Case No. 7058087896

	Column I Father	Column II Mother	Column III Combined
3. Annual income from interest and dividends (whether or not taxable)	0.00	0.00	
4. Annual income from unemployment compensation	0.00	0.00	
5. Annual income from workers' compensation, disability insurance benefits, or social security disability/retirement benefits	0.00	0.00	
6. Other annual income (identify): ADDITIONAL INCOME	3760.00	4160.00	
7. Total annual gross income (add lines 1a, 1b, 2d and 3-6)	14560.00	14560.00	
<b>ADJUSTMENTS TO INCOME:</b>			
8a. Adjustment for minor children born to or adopted by either parent and another parent who are living with this parent; adjustment does not apply to step children. (number of children times federal income tax exemption).	0.00	0.00	
8b. Support received for other children	0.00	0.00	
8c. Adjustment for other minor children (subtract line 8b, from 8a, if line 8b is greater than line 8a., line 8c. equals zero).	0.00	0.00	
9. Annual court-ordered support paid for other children	0.00	0.00	
10. Annual court-ordered spousal support paid to any spouse or former spouse	0.00	0.00	
11. Amount of local income taxes actually paid or estimated to be paid	291.20	291.20	
12. Mandatory work-related deductions such as union dues, uniform fees, etc. (not including taxes, social security, or retirement)	0.00	0.00	
13. Total gross income adjustments (add lines 8c-12)	291.20	291.20	
14. Adjusted annual gross income (subtract line 13 from line 7)	14268.80	14268.80	
15. Combined annual income that is basis for child support order (add line 14, Col. I and Col. II)			28537.60
16. Percentage of parent's income to total income			
16a. Father (divide line 14 Col. I by line 15 Col. III)	0.5000		
16b. Mother (divide line 14 Col. II by line 15 Col. III)		0.5000	

OHIO GUIDELINES CALCULATION  
SOLE/SHARED PARENTING  
DATE: 06/30/2008

JFS 07768  
Page 3 of 5

Case No. 7058087896

		Column I Father	Column II Mother	Column III Combined
17.	Basic combined child support obligation (refer to schedule, first Column, locate the amount nearest to the amount on line 15, Col. III, then refer to Col. for number of children in this family. If the income of the parents is more than one sum but less than another, you may calculate the difference.)			10602.59
18.	Annual support obligation per parent			
18a.	Father (multiply line 17, Col.III by line 16a, Col. I)		5301.30	
18b.	Mother (multiply line 17, Col.III by line 16b, Col. II)		5301.30	
19a.	Annual Child Care Expense	0.00	0.00	
19b.	Tax Credit (-)	0.00	0.00	
19c.	Net Child Care Expense (subtract line 19b from line 19a. If line 19b is greater than line 19a, line 19c will equal \$0.00).	0.00	0.00	
20.	Marginal, out-of-pocket costs, necessary to provide for health insurance for the children who are the subject of this order.	0.00	0.00	
21.	ADJUSTMENTS TO CHILD SUPPORT(+)			
21a.	Father: Line 19c Col.II and Line 20 Col.II multiply by Line 16 Col.I.			
21b.	Mother: Line 19c Col.I and Line 20 Col.I multiply by Line 16 Col.II.	a. 0.00	b. 0.00	
21c.	ADJUSTMENTS TO CHILD SUPPORT(-)			
21d.	Father: Line 19c Col.I and Line 20 Col.I multiply by Line 16 Col.II.			
21e.	Mother: Line 19c Col.II and Line 20 Col.II multiply by Line 16 Col.I.	c. 0.00	d. 0.00	
22.	OBLIGATION AFTER ADJUSTMENTS TO CHILD SUPPORT:			
22a.	Father: Line 18a plus or minus the difference between 21a minus 21c			
22b.	Mother: Line 18b plus or minus the difference between 21b minus 21d	a. 5301.30	b. 5301.30	
23a.	ACTUAL ANNUAL OBLIGATION (same as line 22a and 22b)	5301.30	5301.30	

OHIO GUIDELINES CALCULATION  
SOLE/SHARED PARENTING  
DATE: 06/30/2008

Case No. 7058087896

	Column I Father	Column II Mother	Column III Combined
23b. Non-Means tested income (non-means-tested benefits, including social security and veterans' benefits, paid to and received by a child or a person on behalf of the child due to death, disability, or retirement of the parent.)	0.00	0.00	
23c. Actual Annual Obligation (subtract line 23a from line 23b)	5301.30	5301.30	
24a. Deviation from sole residential parent support amount shown on line 23c if amount would be unjust or inappropriate: (see section 3119.23 of Revised Code.) (Specific facts and monetary value must be stated.)	0.00	0.00	
24b. Deviation from shared parenting order: (see sections 3119.23 and 3119.24 of Revised Code.) (Specific facts including amount of time children spend with each parent, ability of each parent to maintain adequate housing for children, and each parent's expenses for children must be stated to justify deviation.)	0.00	0.00	
25. FINAL FIGURE (this amount reflects final annual child support obligation; line 23c plus or minus any amounts indicated in line 24a or 24b)	5301.30	5301.30	

OHIO GUIDELINES CALCULATION  
SOLE/SHARED PARENTING  
DATE: 06/30/2008

Case No. 7058087896-

	Column I Father	Column II Mother	Column III Combined
26. Support for Month For Decree with Processing Fee. (Divide Obligor's annual share, line 25 by 12) plus any processing charge	450.61		450.61

Prepared by:

Counsel: \_\_\_\_\_  
(For mother/father)

Pro se: \_\_\_\_\_

CSEA: \_\_\_\_\_

Other: \_\_\_\_\_

Worksheet Has Been Reviewed and Agreed To:

Mother \_\_\_\_\_

Date \_\_\_\_\_

Father \_\_\_\_\_

Date \_\_\_\_\_

# Social Security Administration

## Retirement, Survivors and Disability Insurance

### Important Information

Great Lakes Program Service Center  
600 West Madison Street  
Chicago, Illinois 60661-2474  
Date: June 24, 2019  
BNC#: 19T2294F98308-HA



0004411 00020932 1 AB 0.412 0617M1T2R4PN T76 P11

 TAREQ R JABR  
793 S BURGESS AVE  
COLUMBUS OH 43204-2813

We are writing to you about your Social Security benefits.

#### What You Should Know

We stopped taking money out of your benefits for child support, alimony, or court ordered victim restitution.

#### What We Will Pay And When

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive \$664.00 for June 2019 around July 3, 2019.
- After that you will receive \$664.00 on or about the third of each month.

#### If You Disagree With The Decision

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal in writing.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.

- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561. You may go to our website at [www.socialsecurity.gov/online/](http://www.socialsecurity.gov/online/) to find the form SSA-561. You can also contact us by phone, mail, or come into an office to request the form. If you need help to fill out the form, we can help you by phone or in person.

### **Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

### **If You Have Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-828-8467. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
1060 GEORGESVILLE ROAD  
COLUMBUS, OH 43228



If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

Social Security Administration  
Retirement, Survivors and Disability Insurance  
Notice of Award

Office of Central Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: November 16, 2009  
Claim Number: 382-84-4770HA

Exhibit

TAREQ R JABR  
APT A  
4550 HILTON AVE  
COLUMBUS, OH 43228

You are entitled to monthly disability benefits beginning June 2008.

**The Date You Became Disabled**

\* We found that you became disabled under our rules on January 1, 2008.

However, you have to be disabled for 5 full calendar months in a row before you can be entitled to benefits. For these reasons, your first month of entitlement to benefits is June 2008.

**What We Will Pay And When**

- You will receive \$581.00 for November 2009 around December 3, 2009.
- After that you will receive \$581.00 on or about the third of each month.
- These and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.
- Later in this letter, we will show you how we figured these amounts.

**Your Benefits**

The following chart shows your benefit amount(s) before any deductions or rounding. The amount you actually receive(s) may differ from your full benefit amount. When we figure how much to pay you, we must deduct certain amounts, such as Medicare premiums. We must also round down to the nearest dollar.

Beginning Date	Benefit Amount
June 2008	\$527.40
December 2008	\$557.90

Reason  
Entitlement began  
Cost-of-living adjustment

Exhibit