

REQUEST FOR HEARING - NOTICE OF AGENCY ACTION

A hearing is not required to correct all of the information in the Notice of Agency Action. Many issues and questions can be resolved if you contact the Presiding Officer by phone or mail. Please only complete this form if you feel that a hearing is necessary to resolve your issues.

(Please Print)

NAME:

Last First MI *Social Security Number

ADDRESS:

Street Home Phone

City State ZIP Code Work Phone

Email Address

Child(ren)'s Name(s):

I REQUEST A HEARING BECAUSE: (Check appropriate reasons.)

- The amount of the support debt claimed in the Notice is incorrect.
The correct amount is \$_____.
- The balance claimed in the Notice for judgment renewal is incorrect.
The correct amount is \$_____.
- There is no court order in effect requiring me to pay current support, and I do not agree with the amount being sought by the Office.
My current support obligation should be \$_____ per month.
- Even though an order is in effect, I claim that the Office used an incorrect amount for the current support in calculating my support debt.
The correct current support amount is \$_____ per month.

EXPLANATION:

(ATTACH A SEPARATE STATEMENT EXPLAINING YOUR ANSWERS IF NECESSARY.)

Signature (required): _____

Date: _____

OPTIONAL: I WILL BE REPRESENTED/ASSISTED BY:

Name: _____ Phone: _____

Address: _____

This person: is an attorney is not an attorney.

*42 U.S. Code § 666 allows for a state's child support enforcement program to request social security account numbers in order to locate individuals for purposes of establishing parentage and establishing, modifying, and enforcing support obligations.

Please return this form to ORS using one of the following methods:

By Mail:

Office of Recovery Services
PO Box 45033
Salt Lake City, UT 84145-0033

By Email:

orswebcss@utah.gov