

**AUTHORIZATION BY PARENT TO SEND NON-IV-A CHILD SUPPORT  
PAYMENTS TO A CHILDREN IN CARE CASE**

ORS Case Number: \_\_\_\_\_

Your Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Date to begin redirecting payments to the case listed above: \_\_\_\_\_

I, \_\_\_\_\_, parent of the child (or children) named above, authorize the Office of Recovery Services/Children in Care (ORS/CIC), to collect and apply my child support payments directly to the Children in Care case number referenced above.

I understand that by signing this document, I am transferring my child support to the state of Utah, Children in Care program, beginning on the date listed above, and ending on the date the ORS/CIC case is closed, or the date the child(ren) is no longer in the care or custody of the state of Utah, or the date I notify ORS/CIC, whichever occurs first. I also understand that if I become employed, this agreement will end and a Notice to Withhold will be sent to my employer.

I am signing this document freely and voluntarily and have not been influenced by anyone in my decision.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_.  
(Date) (Month) (Year) (City and State or Country)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

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](mailto:orswebcss@utah.gov)