

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

### Financial Statement for Order Establishment

To help us set a fair and accurate child support amount, please return this completed form and any supporting documentation to the following address:

Office of Recovery Services  
P.O. Box 45033  
Salt Lake City, UT 84145-0033

**YOUR INFORMATION (Please print):**

Last Name	First Name	Middle Initial	Date of Birth	Social Security Number*
Address				Telephone
City	State	ZIP Code	Other Telephone	

### Section 1: Your Income Information

Submit the following information:  
(Two forms of verification are required)

- 1) Two or three paycheck stubs or statement from employer; and
- 2) Last year's tax records, complete as filed with the IRS (forms, W2s, etc.).

	Monthly Income		Source/Address/Phone
Employment	\$	Gross	
Unemployment	\$		
Pension	\$		
Alimony	\$		
Social Security Benefits	\$		
Workers Comp	\$		
Other	\$		

## Section 2: Barriers to Employment

Complete this section if you are not receiving at least \$7.25/hour, full time (\$1260.00/month gross income).

Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a high school diploma or equivalent (G.E.D.)? If no, are you enrolled in a program to obtain a high school diploma or equivalent? - If yes, provide written verification of enrollment from the school or program.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any felony convictions? If yes, provide incarceration time period(s) and explain how the felony conviction has affected your ability to work:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any medical conditions which limit your ability to work? If yes, provide a written statement from your licensed healthcare provider describing the healthcare provider's opinion regarding your ability to work, the limitations to working and the expected duration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the emotional or physical needs of a child in your home require you to stay at home and limit your ability to work or to work full time? If yes, provide a written statement from the child's licensed healthcare provider describing the special needs of the child and the expected duration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving Social Security benefits? If yes, provide written documentation from the Social Security Administration detailing the type and the amount of the benefit(s) you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally able to work in the United States? If no, provide written documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any other reason you are unable to work full time? If yes, please provide detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 3: Child Care Expenses

Only include child care expenses for the child(ren) included in this order. Provide verification of amounts paid.

Child Name	Amount Paid	Frequency Paid (day/hour/etc.)
Child #1	\$	
Child #2	\$	
Child #3	\$	
Child #4	\$	

### Section 4: Present Household and Other Parent's Income Information

For present household credit, please list all of your biological or adopted children who live in your house. Please provide verification (birth certificate, parentage order, adoption order, etc.):

Child's Name	Date of Birth	Other Parent's Name	Relationship to You	Does this child have a Child Support Order?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Complete this section only if you have children in common with other parents listed above and you want a current family credit. Submit the following records for verification: Other parent's paycheck stubs and last year's tax records or statement from employer.

Other Parent's Name	Gross Monthly Income	Date of Birth	Social Security Number

### Section 5: Monthly Support Obligations

You may be eligible for credit against your gross income for court ordered child support and/or alimony. Attach copies of court orders for all obligations claimed.

Other dependents outside your home:

Name	Date of Birth	Relationship
------	---------------	--------------

Total Other Dependents: \_\_\_\_\_

Child Support:    \$ \_\_\_\_\_

Alimony:        \$ \_\_\_\_\_

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* 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.