

CSS - APPLICANT/RECIPIENT INFORMATION REQUEST

The Office of Recovery Services/Child Support Services (ORS/CSS) is attempting to collect child support from the noncustodial parent (NCP) on your case. We have used all of our automated and manual locate resources but have been unable to learn anything new that will help us work the case. Please complete the "INFORMATION ON NONCUSTODIAL PARENT" section below and return this letter to me using one of the following methods, or you may call with the information.

By Mail:

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

By Email:

orswebcss@utah.gov

Phone Number:

(801) 536-8500

INFORMATION ON NONCUSTODIAL PARENT:

Current address (if unknown, list last known residential address):

Parents' names (even if they have passed away, including mother's maiden name) and address(es):

Name and address of present employer:

Names and addresses of all past employers:

Names and addresses of current financial institutions:

When was your last contact with this person? _____

When and how much was your last support payment from this person? Date: _____ Amount: \$ _____

Names of all aliases used by this person: _____

Please list any other information that will help us in our locate efforts:

Any new information you provide us will help in our combined efforts to locate this person, and/or the individual's income/assets.

If you would like to close your ORS case, please complete the information listed below and return this form to our office using one of the following methods:

By Mail:

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PO Box 45033
Salt Lake City, UT 84145-0033

By Email:

orswebcss@utah.gov

I _____ would like to close my ORS case _____. I understand that I
(Print Name) (ORS case number)

may reinstate my case at anytime in the future by completing a new application for services.

Date

Signature]