Request for Review and Adjustment of the Child Support Obligation							
YOUR INFORMATION (Please print):							
Last Name			First Name		Middle Initial	Social Security Number*	
Address						Telephone	
City			State	ZIP Code		Other Telephone	
ORS Case Number (The case for which you are requesting a review			w.)	Copy this form and sul each case you wish to		omit a separate request for have reviewed	
Child(ren)'s Name(s) (Names of all children on the case being reviewed.)							
Other Parent's Name (If applicable)							
REASON FOR REQUESTING REVIEW:							
	□ It has been 3 years since the order was issued or modified. (This does not require proof of a substantial change in circumstances.)						
		It has been less than 3 years since the order was issued or modified, but there has been a substantial change in circumstances that is not a temporary change (expected to last less than 12 months).					
С	 □ There has been a change in custody. □ Custody of all the children in the order has changed. □ Custody of some of the children in the order has changed. NOTE: The Office of Recovery Services is not permitted by federal law to modify a court order for custody, visitation, property division, or other non-child support related provisions. 						
	☐ A child has emancipated and the order is a deviated order.						
		The current order was established before May 3, 2023 and there is no medical language in the order or insurance is available to the other parent and he/she is not ordered to maintain insurance.					
	3	There has been a change in one parent's ability to earn that will last longer than 12 months. Attach supporting documentation (e.g., doctor's note).					
COMMENTS/ADDITIONAL INFORMATION:							
Signature (required):Date:							
st lo	*Based on section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)] it is mandatory for a state's child support enforcement program to request social security account numbers in order to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.						
	Mail completed form to: Office of Recovery Services, PO Box 45033, Salt Lake City, Utah 84145						