	Request for Review an	d Adjustment of	the Child Su	upport Obligat	tion	
YOUR INFOR	MATION (Please print):					
Last Name		First Name	First Name		Social Security Number*	
Address				1	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 request for each case y		-	
Child(ren)'s Nam	e(s) (Names of all children on the case being rev	iewed.)	I			
Other Parent's Na	ame (If applicable)					
REASON FOR	EASON 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).					
	 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.					
	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.					
	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/ADD	ITIONAL INFORMATION:					
Signa	ture (required):			Date:		
child indivi	ed on section 466(a)(13) of the Social So support enforcement program to requ duals for purposes of establishing pate ations.	est social securit	y account nu	mbers in order	to locate	
Mail 0 8414	completed form to: Office of Recovery 5	Services, PO Box	45033, Salt I	Lake City, Utah		