

**HEARING REQUEST
NOTICE OF AGENCY ACTION: PARENTAGE AND CHILD SUPPORT**

A hearing is not required to correct all of the information in the Notice of Agency Action. Many issues and questions can be resolved if you contact the Presiding Officer by phone or mail. Please only complete this form if you feel that a hearing is necessary to resolve your issues.

(Please Print)

NAME: _____
Last First MI *Social Security Number

ADDRESS: _____
Street Home Phone

City State Zip Code Work Phone

Email Address

Child(ren)'s Name(s): _____

Case Number: _____

I REQUEST A JUDICIAL HEARING BECAUSE: (Check appropriate reasons.)

- I am not the father of the child named in the Notice.
- I do not agree with the genetic testing results.
- I do not agree with the current support amount being sought by the Office of Recovery Services. My current support obligation should be \$_____ per month.
- The amount of the past due support debt in the Notice is incorrect. The correct amount is \$_____.
- Other

EXPLANATION (ATTACH A SEPARATE STATEMENT EXPLAINING YOUR ANSWERS IF NECESSARY):

I UNDERSTAND THAT GENETIC TESTS MAY BE REQUIRED BEFORE MY HEARING CAN PROCEED.

Signature (required): _____	Date: _____
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OPTIONAL: I WILL BE REPRESENTED/ASSISTED BY:

Name: _____ Phone: _____

Address: _____

This person: is an attorney is not an attorney

*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.

This form must be received by the Office of Recovery Services no more than 30 days after the date you were served.

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