

REQUEST FOR ADMINISTRATIVE HEARING: RETAINED SUPPORT

(Please Print)

NAME:

Last First MI *Social Security Number

ADDRESS:

Street Home Phone

City State Zip Code Work Phone

Email Address

Case number of the case for which you are requesting review (copy this form and submit a separate request for each case you wish to have reviewed): _____

TIME FRAME AND DOLLAR AMOUNT YOU ARE DISPUTING:

Please state the **SPECIFIC ISSUES OF FACT THAT YOU DISAGREE WITH AND WHY**. The reason for the hearing must be **CLEARLY DESCRIBED**. If the issues are not clear this **REQUEST MAY BE RETURNED** for additional details.

I require an interpreter? Yes No

- If yes, what language? _____

Signature (required): _____

Date: _____

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