WRITTEN REQUEST FOR REVIEW OF PAST-DUE SUPPORT AMOUNT

IF YOU DO NOT AGREE WITH THE PAST-DUE AMOUNT LISTED IN THE "ANNUAL NOTICE OF PAST-DUE CHILD SUPPORT" AND YOU WISH TO REQUEST A REVIEW, PLEASE FILL OUT THIS FORM AND RETURN IT TO THE ORS ADDRESS LISTED ON THE FOLLOWING PAGE. ENCLOSE WITH THIS REQUEST ANY EVIDENCE AND/OR DOCUMENTATION YOU HAVE TO SUPPORT YOUR CLAIM. AFTER THE REVIEW HAS BEEN CONDUCTED, ORS WILL NOTIFY YOU IN WRITING OF THE OUTCOME OF THE REVIEW.

PLEASE BE AWARE THAT SUBMITTING THIS FORM <u>IS NOT</u> A REQUEST FOR REVIEW AND ADJUSTMENT OF YOUR CHILD SUPPORT ORDER.

(Please Print) NAME:				
	Last	First	MI	*Social Security Number
ADDRESS:				
	Street			Home Phone
	City	State	ZIP Code	Work Phone

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): ______

The REASON for requesting a review (check appropriate box):

you will be notified.

THE PAST-DUE SUPPORT IN THE NOTICE IS INCORRECT. Instead, I owe \$_________ in past-due support.
MY ORDER WAS ISSUED IN ANOTHER STATE. I request that the issuing state conduct an administrative review for purposes of determining past-due support for federal administrative offset and federal tax intercept. If you request that another state conduct a review for Federal administrative offset and Federal tax offset, ORS will contact the state that issued your support order within 10 days of the time ORS receives your request. Once the other state provides a time and place for the review,

TYPE OF REVIEW OPTIONS IF CONDUCTED BY UTAH (Please select 1 or 2 and either 1a. or 1b., or 2a. or 2b.):

- □ 1. Administrative Review: Please review my documentation and/or evidence, and determine if there should be appropriate corrections to the past-due support record on the above specified case. I understand that after the review has been conducted I will be notified of the results of the review. I also understand that if I disagree with the decision, I may request an adjudicative proceeding (option 2 below).
 - □ 1a. I plan to attend the review in person. Please notify me of the date, time and place of the review. Enclosed is the evidence to support my claim.**
 - □ 1b. I do not plan to attend the review. Enclosed is the evidence to support my claim.
- □ 2. Adjudicative Proceeding: I request that a Presiding Officer conduct an adjudicative proceeding under the Utah Administrative Procedures Act and issue a Decision and Order which determines past-due support on the above specified case. (Utah Code Annotated (U.C.A.) 63G-4-201(3)).
 - 2a. I plan to attend the proceeding to be conducted by the Presiding Officer. Please notify me of the date, time and place of the proceeding. Enclosed is the evidence to support my claim.**
 - □ 2b. I do not plan to attend the proceeding. Enclosed is the evidence to support my claim.

**Please note that it may not be possible to conduct a review in person if you are incarcerated, but we may be able to accommodate a telephone review, if feasible.

Complete this section if you selected review option #2 above. I am mailing a copy of this Written Request for Review to each person known to have a direct interest in this request pursuant to U. C. A. 63G-4-201(3)(b):

Name	Address		
I WILL BE REPRESENTED/ASSISTED BY:			
Name:	Phone:		
Address:			
This person: \Box is an attorney \Box is not an attor	orney.		
Signature (required):	Date Mailed:		

* 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.

Send all documentation and correspondence to the following address:

Office of Recovery Services PO BOX 45033 SALT LAKE CITY, UTAH 84145-0033