

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: is an attorney is not an attorney.

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