

**WRITTEN REQUEST FOR REVIEW OF CHILD SUPPORT
OBLIGATION BASED ON PHYSICAL CUSTODY CHANGE**

IF YOU WISH TO REQUEST A REVIEW, PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ORS/CSS ADDRESS LISTED ON THE FOLLOWING PAGE. ENCLOSE WITH THIS REQUEST ANY EVIDENCE AND/OR DOCUMENTATION YOU HAVE TO SUPPORT YOUR CLAIM. SUBMIT A SEPARATE REQUEST FOR EACH CASE FOR WHICH YOU ARE REQUESTING A REVIEW. AFTER THE REVIEW HAS BEEN CONDUCTED, ORS/CSS WILL NOTIFY YOU IN WRITING OF THE OUTCOME OF THE REVIEW.

(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): _____

NONCUSTODIAL PARENT REASON FOR REQUESTING REVIEW :

THE SUPPORT OBLIGATION IN THE NOTICE IS INCORRECT. Instead, I owe \$_____ per month in support, based on the most recent Utah Order Guidelines Worksheet, attached.

TYPE OF REVIEW REQUESTED (Please select 1 or 2 below and 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 support record on my case specified above. 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 Utah's Administrative Procedures Act and issue a Decision and Order which determines support on the above specified case. [Utah Code 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 Utah Code 63G-4-201(3)(b):

Name

Address

_____	_____
_____	_____
_____	_____

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.

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