

**WRITTEN REQUEST FOR REVIEW
NOTICE OF LIEN-LEVY**

IF YOU DO NOT AGREE WITH THE LIEN-LEVY ACTION AND/OR THE AMOUNT OF PAST-DUE SUPPORT, AND YOU WISH TO REQUEST A REVIEW, PLEASE FILL OUT 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. 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 the review (copy this form and submit a separate request for each case you wish to have reviewed): _____

NONCUSTODIAL PARENT REASON FOR REQUESTING REVIEW (If you are the obligor on the above specified case you may select 1a., 1b., 1c., and/or 2): Also select one of the review options below.

- 1. I am contesting the NOTICE OF LIEN-LEVY action for the reason(s) listed below.
 - 1a. The case is currently under review. The review was requested on _____(date).
 - 1b. Some or all of the funds may be exempt because they are from Federal or State benefits, such as Supplemental Security Income (SSI). **Attach a copy of the Federal or State award letter.**
 - 1c. I am the obligor on the above specified case and some or all of the funds do not belong to me. Example: I am a court appointed conservator or guardian over funds belonging to another person.
- 2. I am the obligor in this case and I am contesting the amount of PAST-DUE SUPPORT listed in the NOTICE OF LIEN-LEVY. Instead, I believe I owe \$_____ in past-due support.

NONCUSTODIAL PARENT REVIEW OPTIONS (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 the lien-levy action was appropriate and/or make 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 in person. 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 if the lien-levy action was appropriate and/or determines the past-due child support on the above specified case.
 - 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 NONCUSTODIAL PARENT 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 _____

UNOBLIGATED JOINT-OWNER REVIEW OPTION:

I am an unobligated joint-owner and some or all of the funds do not belong to the noncustodial parent on the ORS/CSS case and I request a review.

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.

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