WRITTEN REQUEST FOR RESCISSION OF
ORDER TO SUSPEND DRIVER LICENSE

IF YOU WISH TO REQUEST A RESCISSION OF THE ORDER TO SUSPEND DRIVER LICENSE, 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. SUBMIT A SEPARATE REQUEST FOR EACH CASE FOR WHICH YOU ARE REQUESTING A RESCISSION. 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): _____

The reason(s) for requesting a rescission of the Order to Suspend Driver License:

☐ 1. Since the time of the order I have:
- ☐ a. paid the full amount of arrears owed on my child support obligation; or,
- ☐ b. obtained an order stating that I am not obligated to pay child support for this family.
- ☐ c. obtained a judicial order staying enforcement of my child support obligation and arrears.

☐ 2. I have met the requirements for a Rescission of Order to Suspend, but it has not yet been completed.

☐ I am mailing a copy of this Written Request for Rescission to each person known to have a direct interest in this request pursuant to Utah Code 63G-4-201:

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