

**REQUEST FOR GENETIC TESTING
NOTICE OF AGENCY ACTION: PARENTAGE AND CHILD SUPPORT**

(Please Print)

NAME: _____
Last First MI *Social Security Number

ADDRESS: _____
Street Home Phone

_____ City State Zip Code Work Phone

Child(ren)'s Name(s): _____

Case Number: _____

I REQUEST GENETIC TESTING ON THE ABOVE-NAMED CHILD(REN).

EXPLANATION:

I UNDERSTAND THAT IF I DECLINE GENETIC TESTS BY FAILING TO APPEAR FOR A SCHEDULED APPOINTMENT WITHOUT MAKING OTHER ARRANGEMENTS, OR BY SUBMITTING A WRITTEN STATEMENT DECLINING GENETIC TESTS, I HAVE WAIVED THE RIGHT TO GENETIC TESTS AT NO COST THROUGH OFFICE OF RECOVERY SERVICES/CHILD SUPPORT SERVICES IN THE FUTURE.

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