

**WRITTEN REQUEST FOR REVIEW  
PAYMENT SCHEDULE**

If you wish to request a review of your **payment schedule for past-due support**, please fill out this form and return it to the ORS office 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 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): \_\_\_\_\_

**REASON(S) FOR REQUESTING REVIEW (CHECK APPROPRIATE BOX or BOXES):**

The reason(s) for contesting my arrears payment schedule amount is:

- 1. it is inconsistent with ORS rules; and/or
- 2. it is inconsistent with the maximum amount permitted under Section 303(b) of the Consumer Credit Protection Act.

**TYPE OF REVIEW REQUESTED OPTIONS (Please select 1 or 2 and either 1a or 1b, or 2a or 2b.):**

- 1. **Administrative Review:** Please review my evidence, and make appropriate corrections to the Payment Schedule. 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 with the appropriate corrections to the Payment Schedule [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

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**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](mailto:orswebcss@utah.gov)