

**HEARING REQUEST:
NOTICE OF AGENCY ACTION: DETERMINATION OF CONTROLLING ORDER
AND/OR RECONCILIATION OF ARREARS**

A hearing is not required to correct all of the information in the Notice of Agency Action. Many issues and questions can be resolved if you contact the Presiding Officer by phone or mail. Please only complete this form if you feel that a judicial hearing is necessary to resolve your issues. ATTACH ANY INFORMATION AND/OR EVIDENCE YOU HAVE TO SUPPORT YOUR CLAIM. THIS FORM AND ANY NEW EVIDENCE MUST BE RECEIVED BY ORS/CSS WITHIN 30 DAYS AFTER YOU RECEIVED THE NOTICE OF AGENCY ACTION.

(Please Print)

NAME: _____
Last First MI *Social Security Number

ADDRESS: _____
Street Home Phone

City State Zip Code Work Phone

Email Address

Names of Parents: _____

Utah Case Number: _____

Tribunal Name (if applicable): _____

I REQUEST A JUDICIAL HEARING BECAUSE: (Check appropriate reasons.)

1. The order determined to be the controlling order was modified on (date order modified) _____ in County _____, State _____. The amount of child support ordered is \$_____.
 a. A copy of the order is enclosed;
 b. I do not have a copy of the order.
2. The above order is invalid because:

3. A valid child support order entered on (date of order) _____ in County _____, State _____ was not considered in the determination of controlling order process.
4. I disagree with the balance stated in the reconciliation of arrears.
 a. I am submitting additional payment information.
 b. I do not have any additional payment information but I believe the balance is incorrect for the following reasons:

I am mailing a copy of this Hearing Request 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: _____
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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