

**WRITTEN REQUEST FOR REVIEW  
NATIONAL MEDICAL SUPPORT NOTICE**

If you wish to request a review of the **National Medical Support Notice** that was sent to your employer, please fill out this form and return it to the ORS 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): \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_

**REASON(S) for requesting a review (check appropriate box or boxes):**

- My child support order does not order me to maintain medical insurance for my child(ren).
- I have already enrolled my child(ren) in a medical insurance program.
- My employer does not offer group rate insurance plans, or insurance was not available to me through my employer 30 days prior to the date of the mailing of the Notice.
- My total out-of-pocket cost for my child(ren)'s insurance is 5% or more of my gross income.
- My insurance is not available to my child(ren) because non-emergency services covered by my health plan are more than 90 minutes or 90 miles from the child(ren)'s primary residence.

**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 National Medical Support Notice. 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 the Utah Administrative Procedures Act and issue a Decision and

Order with the appropriate corrections to the National Medical Support Notice. (Utah Code Annotated 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 ORS 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 U.C.A. 63G-4-201(3)(b):

Name	Address
_____	_____
_____	_____
_____	_____

**I WILL BE REPRESENTED/ASSISTED BY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

This person:  is an attorney  is not an attorney.

**Signature(required):** \_\_\_\_\_ **Date Mailed:** \_\_\_\_\_

\*Based on section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)] it is mandatory for a State's child support enforcement program to request social security account numbers in order to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.

Send all documentation and correspondence to the following address:

Office of Recovery Services  
PO BOX 45033  
SALT LAKE CITY, UTAH 84145-0033