

**WRITTEN REQUEST FOR REVIEW
ORS/CSS NON-COOPERATION DETERMINATION**

IF YOU DO NOT AGREE WITH THE ORS/CSS DETERMINATION OF NONCOOPERATION, AND YOU WISH TO REQUEST A REVIEW OF THAT DECISION, 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. 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
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ADDRESS:

Street	Home Phone
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City	State	ZIP Code	Work Phone
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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). ALSO SELECT ONE OF THE REVIEW OPTIONS LISTED BELOW:

1. I am unable to cooperate with ORS/CSS because:

2. I should not be required to cooperate with ORS/CSS because:

REVIEW OPTIONS (Please select option 1 or 2 and either 1a or 1b, or 2a or 2b.):

1. **Administrative Review:** Please review my evidence and determine whether I have met the cooperation requirements on the above specified case or if I meet one of the exceptions to cooperation. 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 Agent's 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 that determines whether I have met the cooperation requirements on the above specified case or if I meet one of the exceptions to cooperation. [Utah Code 63G-4-201(3) and 26B-9-206(1)(i)].

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 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

_____	_____
_____	_____
_____	_____

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