

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 according 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