

## WRITTEN RESPONSE CONTESTING INCOME WITHHOLDING

Utah Code 26B-9-305(2)(b)(ii)(B) states that a notice of income withholding for child support, or the amount withheld, may be contested due to mistake of fact. If you want to contest the "Notice to Withhold Income for Child Support" for one of the reasons listed below, complete and return this form to the Office of Recovery Services (ORS) **within 15 days** of the date of the Notice.

(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): \_\_\_\_\_

### I WISH TO CONTEST INCOME WITHHOLDING FOR THE FOLLOWING REASON(S):

- I am not the person identified in the "Notice to Withhold Income for Child Support." (You must provide ORS with proof of your identity.)
- My support order was issued or modified before October 13, 1990 and I have **never** been delinquent with my child support payments. (You must provide ORS with copies of (fronts and backs) cancelled checks, money orders, or other evidence of payments made directly to the custodial parent that have not been processed through ORS.)
- The amount of the monthly **current** support in the Notice is incorrect. The correct amount is \$ \_\_\_\_\_ which is based on a support order dated \_\_\_\_\_. (You must provide ORS with a copy of the order.) (ATTACH A SEPARATE STATEMENT EXPLAINING YOUR ANSWERS IF NECESSARY.)

<b>Signature (required):</b> _____	<b>Date:</b> _____
------------------------------------	--------------------

### 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)