

**OFFICE OF RECOVERY SERVICES
CHILD SUPPORT SERVICES
REQUEST FOR TERMINATION OF CHILD SUPPORT SERVICES**

RE: ORS Case Number: _____
Noncustodial Parent Name: _____
Custodial Parent Name: _____

I, _____, am the applicant in the above-listed case and I am currently not receiving from the state of Utah or any other state:

- IV-A financial assistance, and/or
- Medical assistance in the form of Medicaid

and that I request the Office of Recovery Services/Child Support Services (ORS/CSS) immediately terminate collection/enforcement activities on the following Non-IV-A obligation(s):

- Child support financial case
- Spousal support financial case
- Medical support enforcement case
- Other:

I am making this request voluntarily and have not been influenced by any ORS/CSS employee in my decision to terminate services.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the _____ day of _____, _____, at _____.

(Date) (Month) (Year) (City and State or Country)

Printed Name

Signature