

**Utah Department of Human Services  
Office of Recovery Services/Child Support Services  
APPLICATION FOR CHILD SUPPORT SERVICES  
INSTRUCTIONS**

**This application is available online to be completed and submitted electronically.  
Go to [www.ors.utah.gov](http://www.ors.utah.gov) and click on the "Application for Services" link for more information.**

- 1. Read the "Notice of Services" included with this application.** Keep this for your records.
- 2. Determine how many applications you must complete.** Each "family group" requires a separate application. For example:
  - \* I have two children with the same father and mother: I need to complete ONE application.
  - \* I am the mother of two children, but each has a different father: I need to complete TWO applications.
  - \* I am the father of three children, but one has a different mother: I need to complete TWO applications.
  - \* I am the mother of one child, but there are two men who could possibly be the father: I need to complete TWO applications.
  - \* I am taking care of two grandchildren. Each has a different father and mother. I need to complete TWO applications.

**IF YOU HAVE QUESTIONS ABOUT HOW MANY APPLICATIONS TO COMPLETE, PLEASE CALL.**

- 3. Complete the application for services.** Be sure that your application is complete and signed. Incomplete applications can delay opening your child support case and can delay approval of your cash and/or medical assistance. If your application is not complete, you may be requested to submit a new application and new supporting documents.
- 4. Attach COPIES of the following documents.**
  - a. COPIES of all support orders for these children.
  - b. COPIES of each child's birth certificate if the child was not born in Utah. (If your child(ren) was born in Utah, ORS will obtain the birth certificate for you.)
  - c. COPIES of paternity establishment documents if paternity has already been legally established for any of the children. (If paternity was established by a Utah Voluntary Declaration of Paternity, ORS will obtain a copy of that document for you.)
  - d. A COPY of the death certificate or obituary if either parent is deceased.

**DO NOT SUBMIT ORIGINAL DOCUMENTS. KEEP ALL ORIGINAL DOCUMENTS WITH YOUR PERSONAL RECORDS.  
ORS CANNOT BE RESPONSIBLE FOR KEEPING OR RETURNING ORIGINAL DOCUMENTS.**

- 5. Mail your completed application and copies of all documents to:**

**Office of Recovery Services  
Child Support Services  
PO Box 45033  
Salt Lake City, UT 84145-0033**

**Telephone: (801)536-8500**

UTAH DEPARTMENT OF HUMAN SERVICES  
OFFICE OF RECOVERY SERVICES/CHILD SUPPORT SERVICES (ORS)

# APPLICATION FOR SERVICES

PLEASE PROVIDE COMPLETE AND ACCURATE ANSWERS TO ALL QUESTIONS

## SECTION I: APPLICANT INFORMATION

1. Your First Name		2. Your Middle Name		3. Your Last Name	
4. Your Date of Birth (mm/dd/yyyy)		5. Your Social Security Number		6. Your Relationship to the Children	
7. Gender	8. Are YOU the mother or father of the children listed on this application? <input type="checkbox"/> No If "No," continue with the questions below. <input type="checkbox"/> Yes If "Yes," skip to "Section II Release of Information"				
9. Your Address (Line 1)			10. Your Address (Line 2, Apt #, Bsmt, etc.)		
11. City		12. State	13. ZIP Code		14. Country
15. Your Home Phone Number		16. Other Phone Number (Cell/Work)		17. Your E-mail Address	
18. Other Contact who can always reach you: First Name		19. Last Name			20. Phone Number
21. Do you have a document or court order that gives you the right to collect support from either of the parents for these children? (For example, do you have a temporary custody order or a Juvenile Court order?) <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," YOU MUST PROVIDE ORS WITH A COPY OF THE ORDER.					

## SECTION II: RELEASE OF INFORMATION

Your case information will be released as follows:  
 To the Federal Case Registry, where it may be accessed by other state agencies;  
 To the Attorney General's Office, if your case is referred for a court action;  
 To the Office of Administrative Hearings, if your case is referred for a hearing;  
 To another state, if your case is referred to another state's child support agency; or,  
 To the other party or other party's attorney, if we receive a written request and a parent-time order. If a request is made for your address and the address of your child(ren), you will be sent a notice that gives you an opportunity to contest the release of your information.

22. If you have a domestic violence issue, would you like ORS to attempt to safeguard your case information and your child(ren)'s case information?  
 No       Yes      **If "Yes," YOU MUST PROVIDE ORS WITH ONE OF THE FOLLOWING:**  
 a protective order, a current court order prohibiting disclosure, a current court order limiting or prohibiting the requested person's contact with the party whose location is being sought, a criminal order, or documentation of a pending action for any of the above.

## SECTION III: GOOD CAUSE

**If you have applied for cash assistance and/or Medicaid,** you are required to cooperate with the Office of Recovery Services to establish paternity and to establish and collect child support and medical support.

You may file a "good cause" action at the Department of Workforce Services (DWS) if you fear that emotional or physical harm will come to you or your child(ren) as a result of cooperating with ORS. "Good cause" is only an option if you have applied for cash assistance and/or Medicaid. Otherwise, see Section II for information about "safeguarding."

DWS will review your claim and determine if you qualify for an exception to the cooperation requirements.  
**YOU MUST PROVIDE YOUR CASEWORKER AT DWS WITH DOCUMENTATION THAT SUPPORTS YOUR REQUEST FOR "GOOD CAUSE."**  
**IF YOU FAIL TO PROVIDE THE REQUIRED INFORMATION, YOUR REQUEST FOR "GOOD CAUSE" MAY BE DENIED.**

If you claim "Good Cause":  
**\*ORS WILL OPEN A CHILD SUPPORT CASE UNTIL DWS NOTIFIES ORS WHETHER YOUR "GOOD CAUSE" CLAIM HAS BEEN APPROVED OR DENIED.**  
**\*YOU MUST STILL COMPLETE THE REST OF THIS APPLICATION WHILE YOUR CLAIM IS REVIEWED.**

**If you wish to claim "good cause" for refusal to cooperate because you fear that emotional or physical harm will come to yourself or your child(ren) as a result of cooperating with ORS, YOU MUST CONTACT YOUR CASEWORKER AT THE DEPARTMENT OF WORKFORCE SERVICES TO SUBMIT A REQUEST FOR GOOD CAUSE AND TO REQUEST AN AGENCY DECISION FROM DWS BASED ON THE EVIDENCE THAT YOU PROVIDE AND/OR AN INVESTIGATION.**

## SECTION IV: MOTHER'S INFORMATION

23. Mother's First Name			24. Mother's Middle Name			25. Mother's Last Name		
26. Mother's Maiden Name		27. Mother's Current Marital Status		28. Driver's License State		29. Driver's License Number		
30. Current Spouse/Significant Other's First Name			31. Current Spouse/Significant Other's Middle Name			32. Current Spouse/Significant Other's Last Name		
33. Mother's Social Security Number		34. Mother's Age		35. Other names, nicknames or aliases the mother has or may be using.				
36. Mother's Date of Birth		37. City of Birth			38. State		39. Country	
40. Is the mother deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes":	41. Date of Death		42. City of Death		43. State		44. Country	
<b>YOU MUST PROVIDE A DEATH CERTIFICATE OR OBITUARY AS VERIFICATION OF DEATH</b>								
45. Height: Feet	Inches	46. Weight	47. Hair Color		48. Eye Color		49. Race	
50. Identifying Marks (scars, birthmarks, tattoos, etc.)								
51. Mother's Home Phone Number		52. Mother's Other Phone Number (Cell)			53. Mother's E-mail Address			
54. Mother's Residential Address (Line 1)					55. Mother's Residential Address (Line 2, Apt #, Bsmt, etc.)			
56. Mother's Residential City			57. State		58. ZIP Code		59. Country	
60. Is this a current or former address? <input type="checkbox"/> Current <input type="checkbox"/> Former		61. Is this address located on a Native American Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes":				62. What is her Tribal Affiliation?		
63. Mother's Mailing Address (Line 1, if different from residential address)					64. Mother's Mailing Address (Line 2, Apt #, Bsmt, etc.)			
65. Mother's Mailing Address City			66. State		67. ZIP Code		68. Country	
69. Is the mother disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes	70. Does the mother receive disability benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," what type?			71. Do the children receive benefits under mother's disability claim? <input type="checkbox"/> No <input type="checkbox"/> Yes				
72. Has the mother served in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes":		73. Branch of Service		74. Military Status (Mark One) <input type="checkbox"/> Active <input type="checkbox"/> Disabled <input type="checkbox"/> Discharged <input type="checkbox"/> Inactive <input type="checkbox"/> Retired				
75. Employer Name/Self Employment					76. Phone Number		77. Is this a current or former employer? <input type="checkbox"/> Current <input type="checkbox"/> Former	
78. Employer's Address (Line 1)					79. Employer's Address (Line 2)			
80. Employer's City			81. State		82. ZIP Code		83. Country	
84. Type of Work/Usual Occupation			85. Has the mother ever been arrested? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes":			86. State of Arrest		87. Date of Arrest
88. Mother's Mother: First Name		89. Middle Name		90. Last Name			91. Phone Number	
92. Mother's Father: First Name		93. Middle Name		94. Last Name			95. Phone Number	
96. Other Contact who can always reach Mother: First Name				97. Last Name			98. Phone Number	

## SECTION V: FATHER'S (OR ALLEGED FATHER'S) INFORMATION

99. Father's First Name			100. Father's Middle Name			101. Father's Last Name		
Father is Unknown <input type="checkbox"/> If checked, you will be contacted.		102. Father's Current Marital Status		103. Driver's License State		104. Driver's License Number		
105. Current Spouse/Significant Other's First Name			106. Current Spouse/Significant Other's Mid. Name			107. Current Spouse/Significant Other's Last Name		
108. Father's Social Security Number		109. Father's Age		110. Other names, nicknames or aliases the father has or may be using.				
111. Father's Date of Birth		112. City of Birth			113. State		114. Country	
115. Is the father deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes":		116. Date of Death		117. City of Death		118. State		119. Country
<b>YOU MUST PROVIDE A DEATH CERTIFICATE OR OBITUARY AS VERIFICATION OF DEATH</b>								
120. Height: Feet	121. Inches	122. Weight	123. Hair Color		124. Eye Color		125. Race	
126. Identifying Marks (scars, birthmarks, tattoos, etc.)								
127. Father's Home Phone Number		128. Father's Other Phone Number (Cell)		129. Father's E-mail Address				
130. Father's Residential Address (Line 1)				131. Father's Residential Address (Line 2, Apt #, Bsmt, etc.)				
132. Father's Residential City			133. State		134. ZIP Code		135. Country	
136. Is this a current or former address? <input type="checkbox"/> Current <input type="checkbox"/> Former		137. Is this address located on a Native American Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes":			138. What is his Tribal Affiliation?			
139. Father's Mailing Address (Line 1, if different from residential address)				140. Father's Mailing Address (Line 2, Apt #, Bsmt, etc.)				
141. Father's Mailing Address City			142. State		143. ZIP Code		144. Country	
145. Is the father disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes	146. Does the father receive disability benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," what type?			147. Do the children receive benefits under father's disability claim? <input type="checkbox"/> No <input type="checkbox"/> Yes				
148. Has the father served in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes":		149. Branch of Service		150. Military Status (Mark One) <input type="checkbox"/> Active <input type="checkbox"/> Disabled <input type="checkbox"/> Discharged <input type="checkbox"/> Inactive <input type="checkbox"/> Retired				
151. Employer Name/Self Employment				152. Phone Number		153. Is this a current or former employer? <input type="checkbox"/> Current <input type="checkbox"/> Former		
154. Employer's Address (Line 1)				155. Employer's Address (Line 2)				
156. Employer's City			157. State		158. ZIP Code		159. Country	
160. Type of Work/Usual Occupation			161. Has the father ever been arrested? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes":			162. State of Arrest		163. Date of Arrest
164. Father's Mother: First Name		165. Middle Name		166. Last Name			167. Phone Number	
168. Father's Father: First Name		169. Middle Name		170. Last Name			171. Phone Number	
172. Other Contact who can always reach Father: First Name				173. Last Name			174. Phone Number	

## SECTION VI: CHILDREN'S INFORMATION

On this page, list ALL of the children **born to the mother AND father/alleged father listed on this application**. If paternity has not been legally established and any of the children have or could have a different father, you must complete a separate application with that man's information. Use an additional page if needed. **If paternity has been established for any child(ren), YOU MUST ATTACH A COPY OF THE PATERNITY ORDER or OTHER DOCUMENTATION.**

175. Child's First Name		176. Child's Middle Name		177. Child's Last Name	
178. Child's Date of Birth		179. City of Birth		180. State	181. Country
182. Child's Social Security Number		183. Gender	184. This child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other If "Other":		185. Relationship to Child
186. Were the mother and father (or alleged father) LISTED ON THIS FORM married to each other ON THE DAY THIS CHILD WAS BORN? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "No":			187. City of Conception (where mother became pregnant)		188. State
189. Country					
190. Could any man OTHER THAN THE MAN LISTED ON THIS FORM be the father of this child? <input type="checkbox"/> No <input type="checkbox"/> Yes   If "Yes":			191. List names of ALL other possible fathers:		
192. Child's First Name		193. Child's Middle Name		194. Child's Last Name	
195. Child's Date of Birth		196. City of Birth		197. State	198. Country
199. Child's Social Security Number		200. Gender	201. This child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other If "Other":		202. Relationship to Child
203. Were the mother and father (or alleged father) LISTED ON THIS FORM married to each other ON THE DAY THIS CHILD WAS BORN? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "No":			204. City of Conception (where mother became pregnant)		205. State
206. Country					
207. Could any man OTHER THAN THE MAN LISTED ON THIS FORM be the father of this child? <input type="checkbox"/> No <input type="checkbox"/> Yes   If "Yes":			208. List names of ALL other possible fathers:		
209. Child's First Name		210. Child's Middle Name		211. Child's Last Name	
212. Child's Date of Birth		213. City of Birth		214. State	215. Country
216. Child's Social Security Number		217. Gender	218. This child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other If "Other":		219. Relationship to Child
220. Were the mother and father (or alleged father) LISTED ON THIS FORM married to each other ON THE DAY THIS CHILD WAS BORN? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "No":			221. City of Conception (where mother became pregnant)		222. State
223. Country					
224. Could any man OTHER THAN THE MAN LISTED ON THIS FORM be the father of this child? <input type="checkbox"/> No <input type="checkbox"/> Yes   If "Yes":			225. List names of ALL other possible fathers:		
226. Child's First Name		227. Child's Middle Name		228. Child's Last Name	
229. Child's Date of Birth		230. City of Birth		231. State	232. Country
233. Child's Social Security Number		234. Gender	235. This child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other If "Other":		236. Relationship to Child
237. Were the mother and father (or alleged father) LISTED ON THIS FORM married to each other ON THE DAY THIS CHILD WAS BORN? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "No":			238. City of Conception (where mother became pregnant)		239. State
240. Country					
241. Could any man OTHER THAN THE MAN LISTED ON THIS FORM be the father of this child? <input type="checkbox"/> No <input type="checkbox"/> Yes   If "Yes":			242. List names of ALL other possible fathers:		

## SECTION VII: MARRIAGE AND ORDER INFORMATION

**\*\*\*YOU MUST SUBMIT COPIES OF ALL PATERNITY ORDERS, DIVORCE DECREES, AND ANY OTHER CHILD SUPPORT ORDERS WITH THIS APPLICATION\*\*\***

243. Were the mother and father (or alleged father) listed on this form EVER married to each other? <input type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes":		244. Marriage Date		(If married to each other more than once, provide all dates.)	
245. Marriage City		246. County		247. State      248. Country	
249. Has legal action for separation or divorce been STARTED? <input type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes": COMPLETED? <input type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes":		250. Divorce Date		251. Civil Number of Divorce	
252. City of Court Where Divorce Filed		253. County		254. State      255. Country	
256. Attorney First Name		257. Middle Name		258. Last Name	
				259. Phone Number	
260. Do other support orders exist for the children on this application? (Paternity orders, temporary orders, or any other type of order?) <input type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes":		261. Order Date		262. Civil Number of Order	
263. City of Court Where Order Issued		264. County		265. State      266. Country	
267. Attorney First Name		268. Middle Name		269. Last Name	
				270. Phone Number	
<b>IF MORE THAN ONE ORDER EXISTS, LIST THE ABOVE INFORMATION FOR ALL ORDERS ON A SEPARATE PAGE.</b>					
271. Have any of the support orders ever been modified? <input type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes":		272. Modification Date			
273. City of Court Where Order Modified		274. County		275. State      276. Country	
277. Have the children on this application ever received cash assistance from any state other than Utah?					
<input type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes":		278. State	279. Cash Assistance Start Date	280. Cash Assistance End Date	281. Was child support collected? <input type="checkbox"/> No <input type="checkbox"/> Yes
		282. State	283. Cash Assistance Start Date	284. Cash Assistance End Date	285. Was child support collected? <input type="checkbox"/> No <input type="checkbox"/> Yes
286. Do you currently have or have you previously had a case with ORS in Utah? <input type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes":		287. ORS Case Number(s)			
288. Have you ever had a child support services case in any state OTHER than Utah? <input type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes":		289. State(s)			
290. Do you currently have an assignment, agreement, or contract with a private agent (collection agency or private attorney) to collect your child support?					
<input type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes":		291. Name of Agency or Attorney			292. Phone Number
293. Agency/Attorney Address (Line 1)			294. Agency/Attorney Address (Line 2)		
295. Agency/Attorney City		296. State	297. ZIP Code		298. Country

## SECTION VIII: MEDICAL INSURANCE INFORMATION

299. Are the children currently covered on any HEALTH insurance OTHER THAN MEDICAID or CHIP? <input type="checkbox"/> No if "No," skip to Section IX <input type="checkbox"/> Yes			
If "Yes":	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">300. Full Insurance Company Name</td> <td>301. Policy Number</td> </tr> </table>	300. Full Insurance Company Name	301. Policy Number
300. Full Insurance Company Name	301. Policy Number		
302. Insurance Company Address (Line 1)			
303. Insurance Company Address (Line 2)			
304. Insurance Company City	305. State		
306. ZIP Code	307. Country		
308. Insurance Phone Number	309. Type of Coverage (Mark all that apply.)		
	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Pharmacy		
310. Date Insurance Started (mm/dd/yyyy)			
311. Policyholder's First Name	312. Middle Name		
313. Last Name	314. Phone Number		
315. Policyholder's Date of Birth (mm/dd/yyyy)			
316. Policyholder's Relationship to Children			
317. If YOU are the policyholder, is this insurance policy offered through YOUR employer?			
<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes    If "Yes":			
318. Employer Name/Self Employment			
319. Phone Number			
320. Employer's Address (Line 1)			
321. Employer's Address (Line 2)			
322. Employer's City	323. State		
324. ZIP Code	325. Country		
326. Are the children currently covered on a SECOND HEALTH insurance OTHER THAN MEDICAID or CHIP? <input type="checkbox"/> No if "No," skip to Section IX <input type="checkbox"/> Yes			
If "Yes":	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">327. Full Insurance Company Name</td> <td>328. Policy Number</td> </tr> </table>	327. Full Insurance Company Name	328. Policy Number
327. Full Insurance Company Name	328. Policy Number		
329. Insurance Company Address (Line 1)			
330. Insurance Company Address (Line 2)			
331. Insurance Company City	332. State		
333. ZIP Code	334. Country		
335. Insurance Phone Number	336. Type of Coverage (Mark all that apply.)		
	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Pharmacy		
337. Date Insurance Started (mm/dd/yyyy)			
338. Policyholder's First Name	339. Middle Name		
340. Last Name	341. Phone Number		
342. Policyholder's Date of Birth (mm/dd/yyyy)			
343. Policyholder's Relationship to Children			
344. If YOU are the policyholder, is this insurance policy offered through YOUR employer?			
<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes    If "Yes":			
345. Employer Name/Self Employment			
346. Phone Number			
347. Employer's Address (Line 1)			
348. Employer's Address (Line 2)			
349. Employer's City	350. State		
351. ZIP Code	352. Country		

**IF THE CHILDREN ARE COVERED BY OTHER POLICIES, LIST THE ABOVE INFORMATION FOR EACH POLICY ON A SEPARATE PAGE.**

## SECTION IX: STATEMENTS OF UNDERSTANDING

Mark **ALL** of the following boxes to indicate that you have read and understand the statements to the right.

- I have read and I understand the Notice of Services provided with this application.
- I understand that if a support payment has been incorrectly credited to my account and sent to me, my future support payments may be decreased by an amount equal to the payment I received in error.
- I understand that anyone may deliver to the Office of Recovery Services (ORS) all drafts, checks, money orders, or other negotiable instruments due by any person obligated to provide support. ORS has the power of attorney to act in my name endorsing and cashing all drafts, checks, money orders, or other negotiable instruments received by the Department as support payments.
- ASSIGNMENT OF SUPPORT RIGHTS (Only applicable if you apply for and receive cash assistance or Medicaid):**  
I understand that as a condition of receiving public assistance, I have automatically transferred to the Office of Recovery Services (ORS) all monies payable to me or my child(ren) by any person as support, alimony, or medical support. The monies include the amount past-due and that become due to me or the child(ren). I understand that I must turn over to ORS any support or alimony that the noncustodial parent(s) gives to me. This assignment supersedes (replaces) any agreement I have made with the noncustodial parent(s) that has not been approved by the court. I understand that if I receive a direct payment of child support, or if I agree to receive payment of support other than in the court or administratively ordered manner and receive the payments as agreed, I must immediately deliver that payment, or its cash equivalent, to ORS.

## SECTION X: REQUEST FOR SERVICES

Select **ONLY ONE** of the following options.

- I have applied for cash assistance and/or Medicaid for myself and/or a child(ren) in my care.  
**I AM APPLYING FOR FULL SERVICES FROM ORS WHICH INCLUDES CHILD SUPPORT SERVICES AND MEDICAL SUPPORT SERVICES.**

I have read, understand and agree to the Statements of Understanding section above, including the "Assignment of Support Rights."

Please provide your cash assistance and/or Medicaid case number:

- I have ONLY applied for Medicaid assistance for myself and/or a child(ren) in my care.**  
**I AM ONLY APPLYING FOR MEDICAL SUPPORT SERVICES FROM ORS. I DO NOT WANT CHILD SUPPORT SERVICES.**

- Because I am only applying for Medicaid assistance, I may decline child support services. I understand that if I do not have a medical support order, I must cooperate with ORS in establishing a child support and medical support order. I understand that after the order is established, I may tell ORS that I do not want child support services and ORS will only provide medical support services. I have read, understand and agree to the Statements of Understanding section above, including the "Assignment of Support Rights."

Please provide your Medicaid case number:

- I have NOT applied for cash assistance or Medicaid assistance for myself and/or a child(ren) in my care.**  
**I AM APPLYING FOR FULL SERVICES FROM ORS, WHICH INCLUDES CHILD SUPPORT SERVICES AND MEDICAL SUPPORT SERVICES.**

I have read, understand and agree to the Statements of Understanding section above.

**I ATTEST THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN ACCORDANCE WITH U.C.A. 62A-11-303.5, IF I KNOWINGLY PROVIDE FALSE OR MISLEADING INFORMATION, I AM IN VIOLATION OF U.C.A. 76-8-504 AND MAY BE SUBJECT TO PROSECUTION, CASE CLOSURE, OR BOTH.**

Signature

Date

Printed Name

Social Security Number



## SECTION XI: APPLICATION CHECKLIST

Double-check the following items to make sure your application is complete.	
<input type="checkbox"/> Complete	<b>I have read the "Notice of Services" and removed those pages from this application to keep for my records.</b>
<input type="checkbox"/> Complete	<b>I have completed separate applications for each "family group."</b> For example: *I have two children with the same father and mother: I need to complete ONE application. *I am the mother of two children, but each has a different father: I need to complete TWO applications. *I am the father of three children, but one has a different mother: I need to complete TWO applications. *I am the mother of one child, but there are two men who could possibly be the father: I need to complete TWO applications. *I am taking care of two grandchildren. Each has a different father and mother. I need to complete TWO applications. <b>IF YOU HAVE QUESTIONS ABOUT HOW MANY APPLICATIONS TO COMPLETE, PLEASE CALL ORS.</b>
<input type="checkbox"/> Complete <input type="checkbox"/> Doesn't Apply	<b>I have attached copies of all of the support orders for these children.</b> Include divorce decrees, paternity orders, temporary orders, Juvenile Court orders, etc.
<input type="checkbox"/> Complete <input type="checkbox"/> Doesn't Apply	<b>I have attached a copy of each child's birth certificate who was not born in Utah.</b> If the child(ren) was born in Utah, you do not need to provide ORS with a birth certificate.
<input type="checkbox"/> Complete <input type="checkbox"/> Doesn't Apply	<b>I have attached copies of the paternity establishment documents if paternity has been legally established for any child on this application.</b> If paternity was established by signing a UTAH Voluntary Declaration of Paternity, you do not need to provide a copy to ORS. ORS will obtain that document, if needed.
<input type="checkbox"/> Complete <input type="checkbox"/> Doesn't Apply	<b>I have attached a copy of the death certificate or obituary if either parent is deceased.</b>
<input type="checkbox"/> Complete	<b>I have read and marked ALL boxes in "Section IX: Statements of Understanding."</b>
<input type="checkbox"/> Complete	<b>I have marked ONLY ONE box in "Section X: Request for Services."</b>
<input type="checkbox"/> Complete	<b>I have signed and dated "Section X: Request for Services."</b>
<input type="checkbox"/> Complete	<b>I have made COPIES of all of the supporting documents to send to ORS.</b> <b>I am keeping all ORIGINAL documents for my own records.</b>
<b>When your application(s) is complete, mail the application(s) and COPIES of all of the supporting documents to:</b>  <b>Office of Recovery Services</b> <b>Child Support Services</b> <b>PO BOX 45033</b> <b>Salt Lake City, UT 84145-0033</b>	
<p>Please be sure that your application is complete and signed.</p> <p>Incomplete applications can delay approval of your cash assistance or medical assistance.</p> <p>Incomplete applications may prevent ORS from being able to open a case.</p> <p>ORS will notify you if your application is not complete; however, ORS cannot return any of the documents to you. You will have to complete the forms and gather your documents again.</p> <p>Once your case is open, you may be asked for more information which will allow ORS to take the next step on your case.</p>	

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# NOTICE OF SERVICES

Utah Department of Human Services  
Office of Recovery Services/Child Support Services

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## DETACH THIS FORM AND KEEP IT FOR YOUR RECORDS

The Office of Recovery Services/Child Support Services (ORS) provides child support services under the Federal/State IV-D Child Support Program. These services are provided to people who: 1) receive cash assistance or Medicaid from the Department of Workforce Services (DWS) or the Department of Health (DOH); 2) are no longer receiving cash assistance or Medicaid but continue to receive child support services; 3) apply directly to ORS for IV-D child support services; and 4) are referred to ORS while children are in state custody.

### Services Provided

#### Case Opening and Locating the Non-Custodial Parent

ORS will open a case and try to locate the non-custodial parent's address, income and assets through automated computer matches to obtain or enforce a child support order.

#### Establish an Order for Paternity, Child Support and Medical Support

ORS will try to establish the paternity of children who are born to unmarried parents. ORS will provide genetic testing to identify the paternity of a child. If there is no order ORS will try to establish a child support and/or medical support order. The order will address each parent's share of the total monthly obligation when the child(ren) is not living with that parent. ORS will enforce the obligation of the non-custodial parent(s). The order will also require either parent to maintain medical insurance coverage for the children, if it is available, and will require each parent to share equally in the children's future uninsured medical expenses. The parent(s) who has insurance coverage available will be required to get the insurance.

#### Enforcing a Utah Child Support Guidelines Order

ORS will enforce the support obligation of the parent(s) that does not have physical custody of the child. If the child is living with a relative, ORS must open separate cases for the parents. If the child is in state custody, ORS may open cases against the parents or other individuals as directed by Juvenile Court. When physical custody of the child changes, ORS may enforce the obligation against the other parent(s) without modifying the order unless there is more than one child and physical custody of the children is split between the parents. You will be notified if you are obligated to pay child support to ORS.

#### Enforcing All Child Support Orders

While the case is open, ORS will try to collect support by taking the payments out of the non-custodial parent's paycheck (referred to as "income withholding"), levying bank accounts, taking federal and state offset payments, imposing liens for past-due support on real and personal property and reporting these liens to the court in the name of ORS, reporting the past-due amount to the credit bureau, and taking other enforcement actions ORS decides are appropriate.

When payments are received (except federal offset payments), they are generally credited in the following order: 1) to current support debts; 2) to past-due amounts owed to the family, when the family is not receiving cash assistance; and 3) to past-due support owed to the state, when the family is receiving cash assistance. ORS may split the support payments received among the non-custodial parent's **current** child support debts if s/he does not pay enough to cover the monthly amount due. If the non-custodial parent owes **past-due** support to more than one family, ORS may split the payment of the past-due amount among the cases. Payments received from federal offset are credited as follows: 1) past-due amounts owed to the State; and 2) past-due amounts owed to the family. Payments are usually credited to support owed for the month in which they are received in the ORS office. However, payments received during the last two working days of the month may not be credited to the case(s) until the following month. ORS generally sends support payments to the custodial parent within two days of receiving the payment (federal offset payments are sent within 6 months of receiving the money) when the family is not receiving cash assistance or the child(ren) is not in state custody.

ORS tries to credit payments properly. However, if the employer or non-custodial parent does not provide complete information with the payment, the payment may be credited incorrectly. If ORS sends you a payment that was intended for another ORS debt, ORS may retain your future payment(s) to repay the debt. Sometimes a federal or state offset payment that has been sent to the custodial parent is taken back by the source that sent it to us. If this happens, the custodial parent must repay the take-back amount.

#### Medical Support Enforcement

ORS automatically provides medical support enforcement services on all cases. If medical insurance coverage is not ordered in the support order, ORS may modify the order to include a provision for medical insurance. When a parent is ordered to maintain insurance coverage for the children but fails to do so, ORS will send notice to the parent's employer to enroll the children in a health insurance plan. Utah's child support guidelines allow the parent that is ordered to maintain insurance coverage to receive credit for up to 50% of the child's portion of the premium. The parent must request and provide ORS the insurance information in order to receive the credit. No retroactive credit will be given. The insurance credit will be given by adjusting the base child support award amount in the ORS case accounting record. The adjustment in the case accounting record may make the child support amount go up or down depending on which parent is maintaining the insurance.

#### Intergovernmental Cases

If the non-custodial parent lives in another state, and ORS is unable to work the case, ORS must refer the case to the other state. If the non-custodial parent does not live in the United States, the case can only be worked if ORS has an agreement with the foreign country to work child support cases. If the foreign country requires your support order to be translated into another language, you will need to have the order translated at your own expense. ORS cannot tell the other state or country how to work your case.

### **Review and Adjustment of Support Orders**

Either parent may ask ORS to review the support order once every three years from the time the order was issued or last modified, or when a substantial change in circumstances has occurred. **You must make a request for a review in writing.** Not all reviews will result in a change (adjustment) to the order. If there is a change, the amount could go up or down. To get an idea what the new amount may be, you may request a "Review and Adjustment Packet" by calling the ORS automated phone system.

### **Other Information about Services Provided**

**ORS does not guarantee child support payments.** Child support payments are based on the money collected from the paying parent.

**ORS cannot always collect past-due support.** ORS only collects past-due support if the amount has been reduced to a sum-certain judgment or an equivalent determination of the accuracy of the past-due amount has occurred. Based on Utah law, ORS can only collect past-due support for 4 years after the last child in a Utah order reaches the age of majority (18), or for eight years after the arrears have been reduced to a sum-certain judgment by a Utah district court, whichever period is longer. If your order was issued by a state other than Utah, ORS may be able to apply that state's statute of limitations and extend the collection time period.

**ORS only collects spousal support (alimony) if** the non-custodial parent is also ordered to pay current child support for children living with the custodial parent.

**ORS only collects interest if** it is listed as a specific **dollar** amount in a judgment, on an interstate case if the other state provides ORS with the specific interest amount, or if a case has been referred for criminal nonsupport prosecution.

**ORS only collects ongoing cash medical support if** it is included as a specific **dollar** amount in your support order. ORS will try to enforce judgments **you obtain** from the judicial district court for unpaid medical bills.

**ORS only collects ongoing child care expenses if** a parent makes the request, the specific dollar amount for child care is included in an order along with a child support obligation, and neither parent is disputing the monthly child care amount. ORS will try to enforce past-due child care expenses if you obtain a judgment from the judicial district court.

**ORS will attempt to collect child support until the child is legally emancipated.** For Utah child support orders, the age of emancipation is when the child turns 18 or graduates with his/her normal graduating high school class, whichever occurs later. ORS will presume a child turning 18 prior to graduation will be graduating with his/her class unless a parent provides documentation stating otherwise. If your order was issued by a state other than Utah, the child will emancipate based on the laws of that state.

**ORS cannot address custody, visitation, property settlement issues or any other non-support issues.** ORS cannot provide all the services you may receive from a private attorney. Services are limited to those described in this Notice.

**ORS does not represent either parent.** ORS is assisted by attorneys from the Utah Attorney General's Office. They represent the State and are not personal attorneys for either parent. This means that no attorney client relationship exists between you and the State's attorney. If you want legal advice, you will need to consult with a private attorney.

**ORS decides the actions that ORS will take on your case.** This includes possible civil or criminal actions. You may want to consider using a private attorney or agency if you want legal action or a service that ORS does not provide, or if you want to be involved in deciding exactly how your case is worked.

### **Important Information to Parents Receiving Cash Assistance and/or Medicaid**

- You cannot enter into an agreement with the non-custodial parent to accept "in-kind" support in place of the court-ordered support. If you do accept "in-kind" support, you will need to pay ORS an equal cash amount. Examples of in-kind support are food, clothing, housing, utilities, etc.
- When your cash assistance and/or Medicaid case closes, ORS will continue to provide full services (such as child support, spousal support and medical support enforcement), unless you request to close your case.
- You assigned (transferred) your past, present and future child, spousal and medical support rights to the State when you became eligible for cash assistance. You will NOT receive your monthly child support payments while you receive cash assistance. ORS will keep any support the non-custodial parent pays up to the total amount of cash assistance you receive. If the amount of the support collected exceeds the total cash assistance you receive, the excess amount will be sent to you.
- If legal paternity for your child(ren) has not been established, you must cooperate in identifying and locating all possible alleged fathers and in establishing paternity for your child(ren) unless ORS determines you are unable to meet the cooperation requirements, or the Department of Workforce Services (DWS) determines there is good cause or other exception to cooperation.

## **Fees for Services**

**Charged to individuals who are NOT receiving cash assistance or Medicaid.**

**PAYMENT PROCESSING:** ORS charges the applicant an administrative fee of 6% of the payment amount each time a payment is processed and sent by mail, Direct Deposit or Utah Debit MasterCard® Card. The fee will not exceed \$12.00 per month. This charge will be withheld from the support payment before it is sent.

**PAYMENT CONVENIENCE FEE:** ORS charges a \$2.00 convenience fee to the payor for each payment transaction processed online using the Online Payment Web Application or the ORS automated phone system (ACCESS). A \$6.00 convenience fee is charged to the payor for each payment transaction processed by an employee over the phone. The fees are paid by the payor in addition to the payment amount being made.

**UTAH DEBIT MASTERCARD® CARD FEES:** There is one free ATM withdrawal per month and then a transaction fee of \$0.85 each time you use an ATM to withdraw money. There is a \$0.50 fee for a balance inquiry. There is a \$1.00 transaction fee to withdraw funds at a teller window. Additional ATM fees may apply based on individual financial institutions, but there will not be an ATM surcharge for ATMs used within the MoneyPass network. Additional fees will apply for extended card inactivity, card replacement, or expedited card delivery.

**ANNUAL FEE FOR CHILD SUPPORT SERVICES:** ORS charges an annual fee of \$25.00 in each case to the custodial parent who has never received cash assistance. The fee is retained from child support collected on behalf of the custodial parent after \$500.00 has been collected within the one-year period (October 1 through September 30 each year).

**FEDERAL OFFSET PAYMENT CHARGE:** ORS charges the case applicant up to \$25.00 if ORS takes the non-custodial parent's federal offset payment. If the custodial parent is the applicant, ORS will withhold the charge from the federal offset payment before it is sent. If the non-custodial parent is the applicant, a \$25.00 charge will be added to the non-custodial parent's obligation.

**INTERSTATE CASES:** There may be other charges if your case is referred to another state and that state charges a fee.

If your court order exempts you from paying fees, you may ask the Clerk of Court who issued your order to initiate a Notice to Withhold Income for Child Support to have the payments sent to ORS and forwarded to you. No additional services are provided on these cases and no fees are charged. See the ORS web site for more information or contact the Clerk of Court.

**ORS RESERVES THE RIGHT TO GIVE FURTHER NOTICE ABOUT ADDITIONAL COSTS AND FEES  
THAT MAY BE CHARGED IN THE FUTURE.**

## **Release of Case Information**

The names and social security numbers of the custodial parent, the non-custodial parent and the children are sent to the Federal Case Registry, where the information may be accessed by authorized agencies, such as child support agencies in other states. The address or employer's address of the non-custodial parent or the custodial parent and children's address may be released to the other party or to the other party's attorney if ORS receives a written request and a parent-time order. If ORS receives a request to release your location information, you will be sent a notice that gives you the opportunity to contest the action and to provide us with documentation that will safeguard your location information. The address or employer's address of the non-custodial parent or custodial parent may be released under the Government Records Access Management Act (GRAMA) to the other party or his/her attorney if needed to serve legal process to establish or modify a child support, spousal support, medical support, or child care order or judgment.

If a National Medical Support Notice is sent to the employer of either parent to enroll the children in an insurance plan, the addresses of the custodial parent and the non-custodial parent will be included in the referral. If the case is sent to the Attorney General's Office for a court action, the addresses of the custodial parent and the non-custodial parent will be included in the court documents, which become public records, unless ORS is provided with an alternate address. If the case is sent to the Office of Administrative Hearings, the addresses of the custodial parent and the non-custodial parent will be included in the hearing documents. If the case is referred to a child support agency in another state, the addresses of the custodial parent and the non-custodial parent will be included in the referral. If you have a domestic violence issue and you would like ORS to attempt to safeguard your case information and your children's case information so that it will not be released, see the "Release of Information" section on the attached application.

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 an individual's social security number in order to locate individuals for purposes of establishing paternity and establishing, modifying and enforcing support obligations.

## Help ORS Help You

**Non-Cooperation:** If you are receiving cash assistance or certain Medicaid benefits and do not cooperate with ORS, your cash assistance may be reduced, you may be removed from the Medicaid card, and/or your DWS case may be closed unless ORS determines that you have cooperated in good faith. If you feel cooperation may cause physical or emotional harm to you or your children, contact your DWS worker. If you are NOT receiving cash assistance and do not cooperate and ORS is unable to take the next step on your case, your case will be closed.

**Cooperate with ORS:** Provide truthful and correct information about the other parent and any support that may be owed; answer questions regarding your case; give ORS copies of orders and the child support worksheets; appear at interviews and at administrative or court hearings; submit to genetic testing, etc. **Tell ORS immediately of new information, such as:**

- Your current name (for example, if you remarry), address, social security number, phone number and your employer's name and address.
- The **social security numbers** of everyone involved in your case.
- The non-custodial parent's address, phone number, employer, or insurance changes.
- If anyone enrolls the children in or drops the children from a health insurance plan.
- If your children are no longer eligible to receive child support (for example: a child who has emancipated or is no longer living with you). You will need to repay any support payments sent to you for ineligible children.
- **Provide** copies of all your support orders (for example: legal separation order, divorce decree, paternity order, Juvenile Court order, modification order, or judgment for past-due child support, medical support, and/or child care). **Judgments must be issued by the judicial district court and not by a small claims court.**
- If you are working with a private attorney or agency to collect your child support. Also tell the private attorney or agency that you have a case with ORS.
- If an attorney or agency files any legal pleadings in court in regard to your child support.
- Reductions of court-ordered support that could result in an overpayment to the custodial parent. ORS may offset future payments to adjust for the overpaid amount.
- Any support payments you receive directly from the non-custodial parent or from any other source. Send the payments to ORS at the payment address given below. Include a note that provides your case number or the non-custodial parent's social security number and a statement that indicates that the payment was made directly to you. Without a note, the full payment may not be credited to your case.

## To Contact ORS or To Receive More Information

### Mail

#### Payments:

Office of Recovery Services  
Child Support Services  
**PO Box 45011**  
Salt Lake City, UT 84145-0011

#### Correspondence:

Office of Recovery Services  
Child Support Services  
**PO Box 45033**  
Salt Lake City, UT 84145-0033

### Internet

**Office of Recovery Services Web Site:** Go to [www.ors.utah.gov](http://www.ors.utah.gov) to obtain additional information about the Office of Recovery Services.

**ORS Interactive Web Site:** Use our interactive web site to access payment and case status information. You can also submit new address, employment and insurance information, and submit questions about your case electronically. Go to <http://orsica.dhs.utah.gov> where you will find a log-in page and instructions for setting up your account.

**Telephone:**  
**(801)536-8500**

**Automated Case and Customer Service System (ACCESS):** ACCESS is the ORS voice-activated, self-service phone system. The ACCESS phone number is (801)536-8500. Use ACCESS to make payments or to hear payment information. Use ACCESS to ask questions about ORS procedures and services, to request forms, and to update your information (address, employer, etc.). ACCESS provides the most information if you have your case number and PIN number ready. If you do not have a PIN number, you will be given a chance to register for the ACCESS system during your call. If ACCESS cannot provide the information you need, you will be given an opportunity to speak with one of our customer service representatives.

**Reasonable accommodations per the Americans with Disabilities Act are available with a minimum of three days advance notice.**