

This is a private record.

My Name

Address

City, State, Zip

Phone

Email

I am the Petitioner
 Respondent
 Attorney for the Petitioner Respondent and my Utah Bar number is _____

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

<p>_____ Petitioner</p> <p>v.</p> <p>_____ Respondent</p>	<p style="text-align: center;">Notice to Child Support Division of the Office of the Attorney General and Request to Join</p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
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By and through my attorney, (Attorney, check here if you are appearing for your client.)

To the Child Support Division of the Office of the Attorney General,

Take notice that:

- (1) I have filed a Petition or Motion to Modify Child Support, requesting that the non-custodial parent be ordered to pay \$ _____ per month in child support.

- (2) Child support services under Title IV of the Social Security Act have been or are being provided through the Utah Office of Recovery Services and on behalf of a child who is the subject of this action. I have attached a copy of the Affidavit about Child Support, a copy of the Petition to Modify Child Support, and, if one has been filed, a copy of the Stipulation to Enter Judgment. I request that you join as a party to this action.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true.

_____ Sign here ► _____
Date
Typed or Printed Name _____

Certificate of Service

I certify that I served a copy of this document on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Child Support Division)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

_____ Sign here ► _____
 Date

 Typed or Printed Name