



Name of Minor	Address (omit if (5)(B) is checked)	Date of Birth	Sex	Social Security Number

(4)(A)  The order controlling support is:

Title of order:			
Name of Court:		State	
Address of Clerk of Court:		Phone Number of Clerk of Court:	
Case Number:		Case Name	
Date Signed:		Signed by Judge:	
Payor:	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Monthly Amount	\$

**OR**

(4)(B)  There are multiple orders, and I have identified and described the controlling orders with the above information in the attached continuation pages.

**OR**

(4)(C)  There are multiple controlling orders, and I want the court to determine which order is the controlling order. (Identify and describe the orders with the above information in continuation pages. Attach also a record of payments.)

(5) Choose (A) or (B)

(5)(A) Name of	Address (Omit address if you qualify under (5)(B))	Phone Number	Social Security Number

(5)(A) Name of	Address (Omit address if you qualify under (5)(B))	Phone Number	Social Security Number
Payor			
Payee			
Custodian			
Person Receiving Payments (if different from payee)			

**OR**

(5)(B)  My health, safety, or liberty, or that of my child would be jeopardized by disclosure of my residential address, so I have provided it in the attached Non-public Information Form.

(6) The payor's employers (if known) are:

Name	Address

(7) The payor has the following property in Utah not exempt from execution (if known):

Description	Location (Address)

Description	Location (Address)

(8) Other people or agencies whose rights may be affected in this action:

Name	Address

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at \_\_\_\_\_ (city, and state or country).

\_\_\_\_\_  
 Date

Signature ► \_\_\_\_\_  
 Printed Name \_\_\_\_\_