

This is a private record.

Name

Address

City, State, Zip

Phone

Check your email. You will receive information and documents at this email address.

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 _____

	Affidavit about Child Support Services
_____ Petitioner	_____ Case Number
v.	_____ Judge
_____ Respondent	_____ Commissioner

I swear or affirm that the following is true. (Check one.)

- (1) Child support services under Title IV of the Social Security Act have never been provided on behalf of any child who is the subject of this action.

- (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 will serve on the Attorney General a copy of this Affidavit, a copy of the Petition to Modify Child Support, and, if one has been filed, a copy of the Stipulation to Enter Judgment. I will request that the Attorney General join as a party to this action.

_____ Sign here ► _____
Date
Typed or Printed Name _____

On this date, I certify that _____ (name)
who is known to me or who presented satisfactory identification, in the form of
_____ (form of identification), has, while in my
presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

_____ Sign here ► _____
Date
Typed or printed name (Court Clerk or Notary Public) _____
Notary Seal

Certificate of Service

I certify that I filed with the court and am serving a copy of this Affidavit about Child Support Services on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> 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"/> E-filed <input type="checkbox"/> 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"/> E-filed <input type="checkbox"/> 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.)		

_____ Signature ► _____
 Date _____ Printed Name _____