

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

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

I am  Petitioner  Respondent  
 Petitioner's Attorney  Respondent's Attorney (Utah Bar #: \_\_\_\_\_)  
 Petitioner's Licensed Paralegal Practitioner  
 Respondent's Licensed Paralegal Practitioner (Utah Bar #: \_\_\_\_\_)

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

<p>_____ Petitioner</p> <p>V.</p> <p>_____ Respondent</p>	<p><b>Request to Join the Office of Recovery Services (ORS)</b> (Utah Code 78B-12-113(2)(b)(i))</p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
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To the Child Support Division of the Office of the Attorney General,

1. Enclosed is my Petition or Counterpetition.
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.
3. I ask ORS to join this action.

**Petitioner or Respondent**

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 \_\_\_\_\_

**Attorney or Licensed Paralegal Practitioner of record** (if applicable)

\_\_\_\_\_  
Date

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

### Certificate of Service

I certify that I filed with the court and am serving a copy of this Request to Join the Office of Recovery Services (ORS) 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 \_\_\_\_\_