This is a private record.

_____
My Name

_____
Address (omit if (5)(B) is checked)

_____
City, State, Zip (omit if (5)(B) is checked)

_____
Phone (omit if (5)(B) is checked)

_____
Email (omit if (5)(B) is checked)

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

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

	Request to Register a Foreign Support or Income-Withholding Order
_____ Petitioner (named in original foreign order)	_____ Case Number
v.	_____ Judge
_____ Respondent (named in original foreign order)	_____ Commissioner

Instructions:

- You must complete this form before you file it. The judicial services representative cannot complete this form for you. Use the Checklist to help you understand and complete this form.
- Keep a copy of all documents for your records.
- Attend all court hearings.
- Attach:
  - Additional pages as needed to complete paragraphs that don't have enough space. Write the paragraph number on the additional page.

- Any documents referred to in this document.
- 2 copies, one of which is a certified copy, of the Foreign Support or Income-Withholding Order (A certified copy is a copy made by the court clerk who includes a statement that it is a true copy.)
- If the order has been modified, 2 copies, one of which is a certified copy, of all modification orders
- If two or more orders are in effect, 2 copies, one of which is a certified copy, of every support order claimed to be in effect
- Record of payments, if you are asking the court to determine which order controls
- Statement showing the amount of any arrears certified by the custodian of the records in the other state (if available) OR your Affidavit of Arrears
- Non-public Information – Parent Identification and Location, providing the information required by the U.S. Secretary of Health and Human Services
- Non-public Information – Safeguarded Address (if applicable for Paragraph (5)(B))
- A Motion for Order to Show Cause why the person should not be held in contempt of court for failure to pay the arrears. (if you want to enforce the foreign order)
- A Petition to Modify Support Order, and its supporting documents (if you want to modify the foreign order)

[ ] By and through my attorney, (Attorney, check here if you are appearing for your client.)

I say as follows:

(1) I want to register the attached support or income withholding order under the Uniform Interstate Family Support Act.

(2) The district court has jurisdiction under Section 78B-14-602.

(3) I am the

[ ] mother of:

[ ] father of:

[ ] person who has been acting as a parent to:

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:	[ ] Petitioner [ ] 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
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)

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

Name	Address

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

_____ Sign here ► _____
Date

Typed or Printed Name _____