

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 _____

	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 _____

I certify that _____, who is known to me or who presented satisfactory 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 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, if applicable)	<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