

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 _____

Notice to Child Support Division of the Office of the Attorney General and Request to Join	
_____ Petitioner	_____ Case Number
v.	_____ Judge
_____ Respondent	_____ Commissioner

Instructions:

- You must complete this form before you file it. The judicial services representative cannot complete this form for you.
- Keep a copy of all documents for your records.
- Attend all court hearings.

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

To the Child Support Division of the Office of the Attorney General,

Take notice that:

- (1) I have filed a Petition to Modify Child Custody, Parent-time and Child Support, requesting that the non-custodial parent be ordered to pay \$ _____ per month in child support.
- (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 have attached a copy of the Affidavit about Child Support, a copy of the Petition to Modify Child Custody, Parent-time and Child Support, and, if one has been filed, a copy of the Stipulation to Enter Judgment. I request that you join as a party to this action.

_____ Sign here ► _____
Date
Typed or Printed Name _____

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)	<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.)		
(Guardian ad Litem, 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.)		

_____ Sign here ► _____
 Date

 Typed or Printed Name