

**CHILD SUPPORT OBLIGATION WORKSHEET REQUIRED LOCATION INFORMATION**

**Court:** \_\_\_\_\_ **Case No:** \_\_\_\_\_

**Petitioner:** \_\_\_\_\_ **Respondent:** \_\_\_\_\_

As required by 62A-11-304.4, U.C.A., "Upon the entry of an order in a proceeding to establish paternity or to establish, modify, or enforce a support order, each party shall file identifying information and shall update that information as changes occur: (i) with the court or administrative agency that conducted the proceeding, and (ii) after October 1, 1998, with the state case registry."

THE FOLLOWING INFORMATION MUST BE SUBMITTED AT THE TIME THE CHILD SUPPORT OBLIGATION WORKSHEET IS SUBMITTED. Whether you are the Petitioner or the Respondent, please fill out the information for yourself and the other party to the best of your ability. If any information is unknown, please so indicate. Do not leave any space blank.

**PETITIONER:** I am the (check one) \_\_\_\_\_ custodial parent \_\_\_\_\_ non-custodial parent

Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Residential Address \_\_\_\_\_

Mailing Address (if different than residential address:)

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

THIS INFORMATION IS CURRENT AS OF \_\_\_\_\_ (date)

**RESPONDENT:**

Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Residential Address \_\_\_\_\_

Mailing Address (if different than residential address:)

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

THIS INFORMATION IS CURRENT AS OF \_\_\_\_\_ (date)

Federal Law contains a prohibition against disclosing federal case registry information (name, social security number, date of birth, state) if the State has notified the registry there is reasonable evidence of domestic violence or child abuse or that disclosure of the information could be harmful to the parent or the child. If you wish to request the information be "safeguarded" (that is, not disclosed), check in the appropriate place below.

\_\_\_\_\_  
(Petitioner or Attorney for Petitioner)

I request that this information be safeguarded (not disclosed) \_\_\_\_\_

\_\_\_\_\_  
(Respondent or Attorney for Respondent)

I request that this information be safeguarded (not disclosed) \_\_\_\_\_

**CHILD SUPPORT OBLIGATION WORKSHEET REQUIRED LOCATION INFORMATION**

AS REQUIRED BY TECHNICAL AMENDMENTS TO WELFARE REFORM SECTION 653(h)(2) (federal law) and U.C.A. 62A-11-103(14), THE FOLLOWING INFORMATION MUST BE SUBMITTED FOR EACH CHILD AT THE TIME THE CHILD SUPPORT OBLIGATION WORKSHEET IS SUBMITTED.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(Attach additional sheets if necessary)