

GOOD CAUSE DEFERRAL/WAIVER

Step 1 – Criteria and Process:

1. To determine whether a Deferral/Waiver is appropriate, please review ORS policy number CS 1088 online at: http://ors.utah.gov/cic_goodcause.htm.
2. This form must be completed by the custodial agency caseworker or agency staff working most closely with the clients. The caseworker must be very specific in the justification for the request and give enough detail for the Director/Superintendent of the custodial agency to make a determination of whether the request should be granted. **A request for a waiver or postponement of support payments should be based on facts.**
3. After the caseworker completes the form it needs to be approved by the following individuals in the following order: Caseworker’s Supervisor, Custodial Agency’s Regional Director and Division Director/Superintendent (or designee).
4. If the Regional Director or Division Director/Superintendent does not agree with the waiver request, it will be returned directly to the caseworker as denied. If both the Regional Director and Division Director/Superintendent approve this request, the Division Director will forward this request to the ORS Director (or designee).
5. The ORS Director (or designee) will review the waiver request to verify compliance with state and federal law and with established waiver criteria, and verify any financial information used in the request. The ORS Director (or designee) will forward the request to the Division Director/Superintendent (or designee) indicating agreement or disagreement. If the custodial agency’s Director disagrees with ORS’s decision, this request will be forwarded with comments to the Executive Director of the Department of Human Services (or designee) for a decision. The Executive Director or designee will inform both agencies of the decision.

Step 2 – Waiver is Requested For:

The Agency hereby requests the Office of Recovery Services to suspend the collection of child support in the following case(s):
Parent(s) Information:

Name: _____ DOB: _____ Name: _____ DOB: _____

Children(s) Information:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Step 3 – Specific Reasons for the Request:

Describe in detail how the collection of a support amount would be unjust, inappropriate, or not in the best interest of the child(ren) in this particular case. Use additional paper if needed. Submit documentation that substantiates the request.

Step 4 – Type of Request:

Types of Deferral/Waivers Being Requested (Please mark all that apply):

- Deferral of Support Obligation - Support Obligation Accrues, but payments are not required until a certain date.
- Temporary Waiver - Support Obligation is waived through a specific time period.
- Permanent Waiver – Obligation of current support and/or past due support (see selection below) is permanently ended.

Time Frame (Select only if requesting Deferral or Temporary Waiver : 3 months 6 months 12 Months Other: _____

Request is Applicable to the following Obligation(s): Current Support Past Due Support

The approval of a deferral does not preclude ORS from collecting state or federal offset payments during the deferral time period.

Step 5 – Approval: Obtain the following signatures in the order that they appear. All custodial agency signatures must be obtained prior to sending the form to ORS, or the form will be returned to the caseworker.

Custodial Agency:

1. Initiating Caseworker Name: _____ Date: _____ Phone #: _____

2. Caseworker’s Supervisor: _____ Date: _____ Phone #: _____

3. AGREE DISAGREE Regional Director Signature: _____ Date: _____
Comments: _____

4. AGREE DISAGREE Division Director Signature: _____ Date: _____
Comments: _____

Office of Recovery Services:

AGREE DISAGREE ORS Director/Designee: _____ Date: _____
Comments: _____

DHS Executive Director (Only required if custodial agency & ORS disagree with outcome):

AGREE DISAGREE DHS Executive Director (or designee) _____ Date: _____
Comments: _____