

This is a private record.

Non-public Information – Parent Identification and Location Case Number _____

Notice: This information is required by the U.S. Secretary of Health and Human Services. If the information changes, you must complete and file another form. (Utah Code 26B-9-207.)

This form is accessible only by the other party and any attorneys in the case. The form is not a public record.

| | | | |
|---|------------------------|------------------|--------|
| Name | | Phone number | |
| Residential address | | | |
| <input type="checkbox"/> Keep my residential address private and do not provide it to the other party because there is reason to believe that releasing the information may result in physical or emotional harm to me or to my child. (If you check this box, omit your residential address from this document and from all other papers filed with the court. Include it only on the Safeguarded Address form.) | | | |
| Mailing address (if different from residential address) | | | |
| Date of birth | Social Security Number | Driver's license | |
| | | State | Number |
| Employer name, address and phone number | | | |
| Employer name, address and phone number | | | |
| I am: (check all that apply) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Custodial parent <input type="checkbox"/> Non-custodial parent Filing this information about <input type="checkbox"/> myself (required) <input type="checkbox"/> the other party (optional) | | | |

Petitioner or Respondent

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____
Printed Name _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Date

Signature ► _____
Printed Name _____