



Audit Request Form

SETS Case No.: _____ Case Number: _____

Your Name: _____ Date of Birth _____

Social Security No.: _____ Your Phone #: _____

Your Address: _____

Other Party's Name: _____

Is this needed for a court hearing? _____ If yes, when is the court date? _____

Where should we mail the Account Verification to:

Address listed above Other Party Your Attorney Other

Please list the Name and Address (if different from above):

Why are you requesting an Audit?

Please list any payments, charges, or time-frame(s) that the audit should address:

Your Signature: _____ Today's Date: _____

- Notice:
- 1) Not all audit requests will be granted.
 - 2) Failure to state a specific reason for your audit request may result in denial of your request.
 - 3) Audits ordered by a court will be honored and given priority.