

**REQUEST TO APPEAR BY TELEPHONE AT  
ADMINISTRATIVE CHILD SUPPORT HEARING**

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

Name of Responsible Parent: \_\_\_\_\_

CSEA Case No.: \_\_\_\_\_

I am the:  Responsible Parent  Custodial Parent  Other \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO THE OFFICE OF CHILD SUPPORT HEARINGS:**  
I have an administrative child support hearing scheduled on: \_\_\_\_\_  
(Hearing Date & Time)  
I would like to appear at my administrative child support by telephone. I am unable to attend the hearing in person because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Hearing:  Oahu  Hilo  Maui  Kauai

**PHONE NUMBER WHERE I MAY BE CALLED AT THE TIME OF THE HEARING:** (\_\_\_\_) \_\_\_\_\_

I understand that I must be available at the telephone number I have provided above for a minimum of one-hour after the scheduled time of the hearing to allow for scheduling changes and delays. I also understand that I am responsible for converting Hawaii time to my local time, if necessary, and that **any call blocking feature on the telephone number I will be using to appear at the hearing must be entirely disabled and/or removed for the hearing.** I further understand that if I am not present at the above phone number at the time of the hearing and/or if the above phone number has call blocking when I am called for my hearing, the hearing may proceed without me and an administrative order adverse to my interests may be entered.

\_\_\_\_\_  
Signature

Fax or mail completed form to: Office of Child Support Hearings,  
601 Kamokila Blvd., Room 436, Kapolei, HI 96707  
Phone no.: 808-692-7110; Fax no.: 808-692-7114