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| **C:\Users\ntamaok\Pictures\Department-of-AG-Logo-v21.pngC:\Users\ntamaok\Pictures\429px-International_Symbol_of_Access.svg.png****ADA ACCOMMODATION REQUEST FORM (OCSH)**Kindly submit this completed form at least 10 business days prior to the date you need your accommodation to: **Office of Child Support Hearings (OCSH)** **Department of the Attorney General** **601 Kamokila Blvd., Rm. 436****Kapolei, Hawai**ʻ**i 96707**(or by fax to **808-692-7114**) |
| LAST NAME: | FIRST NAME: | MIDDLE INITIAL: |
| ADDRESS: | CITY: | STATE: | ZIP CODE: |
| TELEPHONE NUMBERS:(H)(B)(C)  | E-MAIL ADDRESS: |
| DATE OF YOUR HEARING: | TIME OF YOUR HEARING: | PLACE OF YOUR HEARING: |
| CSEA NO.: | FAMILY COURT DOCKET NO.: |
| What is your disability? |
| What specific accommodation are you requesting? |
| Kindly provide any additional information that might be useful in reviewing your accommodation request. |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |