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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |