



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'i 96707

(or by fax to **808-692-7114**)

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
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ADDRESS:	CITY:	STATE:	ZIP CODE:
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TELEPHONE NUMBERS: (H) (B) (C)	E-MAIL ADDRESS:
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DATE OF YOUR HEARING:	TIME OF YOUR HEARING:	PLACE OF YOUR HEARING:
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CSEA NO.:	FAMILY COURT DOCKET NO.:
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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: _____