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| **REQUEST FOR LANGUAGE ASSISTANCE FORM (OCSH)**  Kindly submit this completed form at least 10 business days  prior to the date you need an interpreter 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**) |
| Hello, my name is: |
| The language I speak is:  Please find someone who can speak my language so we can talk with each other. Thank you. |
| The date and time of my hearing are: |
| The CSEA number for my hearing is: |
| This is additional information you might want to know in reviewing my request: |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |