

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'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: _____