

REQUEST TO RE-SCHEDULE (CONTINUE)
ADMINISTRATIVE CHILD SUPPORT HEARING

TO: THE OFFICE OF CHILD SUPPORT HEARINGS (OCSH)

FROM (Name of Requestor):

Mailing Address:

Telephone No.:

Zip:

NAME OF RESPONSIBLE PARENT:

CSEA CASE NUMBER:

Requestor is the: Responsible Parent Custodial Parent

My hearing is presently scheduled for:

Date

Time

If my hearing is re-scheduled, I am available on the following dates and times:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

My reasons for requesting this re-scheduling are:

I understand that the OCSH might deny this request and/or the hearing may be re-scheduled to a new date and time that is different from my request. I understand I may not assume this request is granted until I receive a response from the OCSH. I am aware that I may request to appear by telephone. I understand I must transmit this request to the OCSH as soon as I am aware that I need a re-scheduling. **I am faxing this request to 808-692-7114 or mailing it to 601 Kamokila Blvd., Room 436, Kapolei, Hawaii 96707 on the date shown below:**

Date:

Signature