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GOVERNOR



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**STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
CHILD SUPPORT ENFORCEMENT AGENCY**

STATEWIDE DISBURSEMENT BRANCH
P.O. Box 1860
Honolulu, Hawaii 96805-1860
(808) 207-9915 Mainland: 1-888-314-0037 Fax: (808) 692-7082

REQUEST FOR EXPEDITED RELEASE OF JOINT TAX REFUND

RE: Obligor Parent _____ PIN _____

Injured/Non-debtor Spouse _____

We hereby request that the Child Support Enforcement Agency (CSEA) expedite the release of our joint tax refund(s) and immediately apply the amount to any outstanding delinquent child support obligations. (Mark the appropriate box and enter the date.)

- Federal tax refund offset by the Internal Revenue Service and received by CSEA on _____.
- State tax refund setoff by the Hawaii State Department of Taxation and received by CSEA on _____.

By signing this request, we agree to the following conditions:

1. The Injured/Non-debtor spouse affirms that he/she has not and will not pursue any action(s) to recover any portion of the referenced joint tax refund(s) that he/she may be eligible to receive.
2. We agree that if part or all of the referenced federal tax offset is withdrawn by the Internal Revenue Service, that portion of the debt that was paid by the withdrawn funds will be reinstated and subject to normal collection remedies available to the CSEA.

Signed by: _____ Date _____
Obligor Parent

_____ Date _____
Injured/Non-Debtor Spouse

Return the completed form to the address above.