JOSH GREEN, M.D. GOVERNOR

ANNE E. LOPEZ ATTORNEY GENERAL

FCS002 Rev. _____



STATE OF HAWAII DEPARTMENT OF THE ATTORNEY GENERAL Ka 'Oihana O Ka Loio Kuhina CHILD SUPPORT ENFORCEMENT AGENCY

 OAHU BRANCH

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 Mainland: 1-888-314-0037
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LYNETTE J. LAU ADMINISTRATOR

APPROVAL OF AUTHORIZED REPRESENTATION

I,				
All the	e information in this section must be c	ompleted:		
CS	SEA Case Number:			
Au	Authorized Representative Name:			
Au	Authorized Representative is my Attorney: [] No [] Yes - Attorney ID_			
Au	Authorized Representative Address:			
۸۰۰	uthorized Penresentative Telephone #: (\	Evt:	
	Authorized Representative Telephone #: _()			
	This person is authorized to perform the actions that are checked concerning my case for: Start Date: * Ending Date: **			
*	* If you do not enter a start date for the authorization, we will <u>not</u> update your records to reflect the person that you have named as your authorized representative.			
[] Receive all information on my behalf				
	[] Change my address and telephone number			
	[] Update my employment information			
	[] Receive all mail from the Agency that is addressed to me			
	Receive and sign for any legal document on my behalf as required under HRS §576E-4 that may be transmitted by the Child Support Enforcement Agency			
Signed:		Date:		
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