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