STATE OF HAWAI’I

DEPARTMENT OF THE ATTORNEY GENERAL

OFFICE OF CHILD SUPPORT HEARINGS (OCSH)

PHONE: (808) 692-7110 FAX: (808) 692-7114

**REQUEST FOR AN UNOFFICIAL COPY OF AN ADMINISTRATIVE HEARING RECORDING**

Parties or their representatives may request an unofficial copy of a recording of their administrative hearing **(held within the last two years only)** by filling out the form below. The total cost of the recording is $10.00 which may be paid by personal check, cashier’s check, or money order payable to the “**STATE OF HAWAII.”** Mail your payments and completed request forms to:

**Office of Child Support Hearings**

**Department of the Attorney General**

**601 Kamokila Blvd., Rm. 436**

**Kapolei, Hawaii 96707**

* Parties who want unofficial transcripts of hearings must make their own arrangements for transcription and should be aware that their transcripts will **not** be official transcripts. The OCSH will need to maintain chain-of-custody of the recording and the transcript if an official transcript is needed for a certified record on appeal pursuant to Rule 72, Hawaii Family Court Rules.
* As of August 1, 2007, the OCSH began recording hearings in a digital format. Requestors of hearing recordings will be provided with compact discs (CD-R) containing a recording of the hearing.

**REQUEST FOR AN UNOFFICIAL COPY OF AN ADMINISTRATIVE HEARING RECORDING**

I am a party or the representative of a party and I have attached to this request the payment for the recording. Please provide me with a compact disc (CD-R) containing the audio recording for the following hearing:

 Case Name: Responsible Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CSEA Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hearing Date(s) **(within the last two years only)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send the recording to me at the following address:

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Requestor (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If representative, print the name of the party you represent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My telephone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(revised 11/18)