

Office of Child Support Hearings
Department of the Attorney General
State of Hawaii
601 Kamokila Blvd., Suite 436
Kapolei, HI 96707
Phone: 808-692-7110; Fax 808-692-7114

ADMINISTRATIVE HEARING REPRESENTATIVE FORM

If you want someone else to represent you at your administrative hearing (attorney or non-attorney), please complete this form as soon as possible and return it by fax to **808-692-7114**, or mail to **OCSH, 601 Kamokila Blvd., Suite 436, Kapolei, HI, 96707**. Representatives are permitted pursuant to Rule 5-34-5, Hawaii Administrative Rules. Please note that you must hire and pay for your attorney.

Currently all hearings are being conducted only by telephone call and not in person to protect the safety of hearing participants. Please provide a phone number where your representative will be called for the hearing.

YOUR NAME: _____

I AM THE: [] Responsible Parent [] Custodial Parent [] Other _____

RESPONSIBLE PARENT'S NAME: _____

CSEA CASE NO.: _____

YOUR ADDRESS: _____

YOUR TELEPHONE NUMBER: _____

DATE OF YOUR HEARING: _____

TIME OF YOUR HEARING: _____

REPRESENTATIVE'S NAME: _____

REPRESENTATIVE'S PHONE NUMBER: _____

Your signature

Date

Your representative's signature

Date