

Office of Child Support Hearings  
Department of the Attorney General  
State of Hawaii  
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## ADMINISTRATIVE HEARING ACCOMODATION FORM

If you need special assistance or accommodation at your administrative hearing, please complete this form and return it as soon as possible to this office (see information above).

\*Please do not use this form for other requests

YOUR NAME: \_\_\_\_\_

I AM THE: [ ]Responsible Parent [ ]Custodial Parent [ ]Other\_\_\_\_\_

RESPONSIBLE PARENT'S NAME: \_\_\_\_\_

CSEA CASE NO.: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

YOUR TELEPHONE NUMBER: \_\_\_\_\_

**TYPE OF ACCOMODATION YOU NEED:** \_\_\_\_\_

**ADDITONAL COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date