

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 ACCOMODATION FORM

If you only need accommodations for ADA or a language interpreter at your administrative hearing, 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**.

***Please do not use this form for other requests such as a continuance, telephone, etc.**

TYPE OF ACCOMODATION YOU NEED: ADA Interpreter _____

YOUR NAME: _____

I AM THE: Responsible Parent Custodial Parent Other _____

RESPONSIBLE PARENT'S NAME: _____

CSEA CASE NO.: _____

YOUR ADDRESS: _____

YOUR TELEPHONE NUMBER: _____

ADDITONAL COMMENTS: _____

Your signature

Date