

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 CONTINUANCE FORM

If you want to request to continue 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**.

Do not assume your request is granted until you receive a response from this OCSH. If you do not receive a response from OCSH before the hearing, assume your request was denied and the hearing will be conducted as scheduled.

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: _____

ALTERNATIVE DATE(S) AND TIME(S) FOR HEARING:

REASON FOR YOUR REQUEST:

Your signature

Date