

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  
Email: ag.ocsh@hawaii.gov

## ADMINISTRATIVE HEARING CONTINUANCE FORM

If you want to request to continue your administrative hearing, please complete this form and return it as soon as possible to this office (see information above). 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 DATES AND TIMES FOR THE HEARING:  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR YOUR REQUEST: (You may attach supporting documents to this form)

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

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

\_\_\_\_\_  
Date