

**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 REPRESENTATIVE FORM

Hearing participants can choose to have someone else represent them at their hearing (attorney or non-attorney). If you want someone else to represent you, please complete this form and return it as soon as possible to this office (see information above). Representatives are permitted pursuant to Rule 5-34-5, Hawaii Administrative Rules.

Please note:

- Generally, a representative will speak on your behalf and make decisions for you.
- You still must be present at the hearing with your representative. You are not excused from attending the hearing because you may be required to provide testimony.
- If you want an attorney to represent you, you must pay for your own attorney.
- You must provide the Zoom Meeting information to your representative.

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: _____

REPRESENTATIVE'S E-MAIL ADDRESS: _____

Your signature

Date

Your representative's signature

Date