## REQUEST TO APPEAR BY TELEPHONE AT ADMINISTRATIVE CHILD SUPPORT HEARING

Name:	Date:
Name of R	esponsible Parent:
CSEA Cas	e No.:
I am the: [	Responsible Parent Custodial Parent Other
Address:	Phone Number:
TO THE C	OFFICE OF CHILD SUPPORT HEARINGS:
I have an ac	dministrative child support hearing scheduled on:
	(Hearing Date) e to appear at my administrative child support hearing by telephone. I am unable to attend the person because:
Location o	f Hearing: Oahu Hilo Maui Kauai
PHO	NE NUMBER WHERE I MAY BE CALLED AT THE TIME OF THE HEARING:
	phone number
hour after that I am re feature pre removed for of the hearing	d that I must be available at the telephone number I have provided above for a minimum of one- he scheduled time of the hearing to allow for scheduling changes and delays. I also understand esponsible for converting Hawaii time to my local time, if necessary, and that any call blocking esent on the telephone I am using to appear at the hearing must be entirely disabled and/or er the hearing. I further understand that if I am not present at the above phone number at the time ing and/or if the above phone number has call blocking when I am called for my hearing, the ey proceed without me and an administrative order adverse to my interests may be entered.
	Signature