

**Request for Review of National Medical Support Notice (NMSN)**

**To:**

**From:**

**Cause #:**

Office of the Attorney General **Name:**  
Medical Support Unit  
P O BOX 1328  
AUSTIN, TX 78762-1328

**OAG #:**

**Custodial Parent:**

**Address:**

Telephone  
Number: (800) 522-2421  
Fax Number: (512) 407-9249

**Child(ren):**

**Telephone  
Number:**

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I, \_\_\_\_\_ (obligor / employee name),  
contest the National Medical Support Notice (NMSN) sent to my employer,  
\_\_\_\_\_ (name of employer),  
on or about \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date), and request an administrative review based upon the  
following mistake(s) of fact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

It has been within 60 business days of my employer receiving the NMSN.

I understand:

- I will receive notice of the date, time and place of the review within 10 days of the Office of the Attorney General (OAG) receiving this request;
- the review may be in person or over the telephone;
- my employer and I must comply with the terms of the NMSN during this review period;
- at the end of the review, which will be completed within 30 days of receipt of this request, the OAG may issue a revised NMSN, terminate the NMSN, or send me notice of a determination that the NMSN is proper and should remain in effect as previously issued; and
- if the OAG does not revise or terminate the NMSN, I may request a hearing with the court of continuing jurisdiction to resolve any issue in dispute.

\_\_\_\_\_  
Obligor / Employee Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date