

**DISTRICT OF COLUMBIA  
OFFICE OF ADMINISTRATIVE HEARINGS**  
441 4<sup>th</sup> Street, NW  
Washington, DC 20001  
(202) 442-9094  
(202) 442-4789 (FAX)

**REQUEST FOR HEARING IN A CHILD SUPPORT ENFORCEMENT CASE**

I, \_\_\_\_\_, HEREBY REQUEST A HEARING IN THE OFFICE OF ADMINISTRATIVE HEARINGS (OAH) TO APPEAL AN ORDER OF CONDEMNATION ISSUED BY THE OFFICE OF THE ATTORNEY GENERAL FOR THE DISTRICT OF COLUMBIA, CHILD SUPPORT SERVICES DIVISION (CSSD) ON \_\_\_\_\_ [DATE].

**NOTE: YOU MUST ATTACH A COPY OF THE ORDER OF CONDEMNATION OR PROVIDE ONE AS SOON AS POSSIBLE. YOU MAY SUBMIT YOUR REQUEST BEFORE YOU PROVIDE A COPY OF THE ORDER OF CONDEMNATION, HOWEVER OAH MAY NOT BE ABLE TO FULLY PROCESS YOUR APPEAL WITHOUT A COPY OF THE ORDER OF CONDEMNATION.**

**READ INSTRUCTIONS ON THE [OAH WEBSITE](#) BEFORE COMPLETING**

**PETITIONER INFORMATION**

IV-D No.: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone. No.: \_\_\_\_\_

<p><b>Attorney or other representative (if any):</b></p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Telephone. No.: _____</p>
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**Reasons for appeal:**

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

**SIGNATURE:** \_\_\_\_\_

WILL YOU NEED AN INTERPRETER OR OTHER ACCOMMODATION FOR THE HEARING? IF SO, PLEASE LIST WHAT ASSISTANCE YOU WILL NEED (E.G., WHAT LANGUAGE DO YOU SPEAK?)

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