



DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
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 WASHINGTON, DC 20001-2714



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Request to Appeal a Child Support Services Division (CSSD) Enforcement Action

*Use this form if you want a hearing before an Administrative Law Judge because you disagree with an action by the Child Support Services Division (CSSD). **You should attach copies of any Order of Condemnation or other notice you received, or file copies as soon as possible.** OAH may need a copy of the Order of Condemnation or other notice to properly consider your hearing request.*

Section 1 – Contact Information

Print Your Name:	Your Mailing Address:
Your Telephone:	
Your Email Address <i>(if any)</i> :	Your Ward <i>(if you know)</i> :
<input type="checkbox"/> I consent to receive documents by email only	
<i>If you have a representative for this case (check which apply):</i>	
<input type="checkbox"/> Non-Attorney Representative <input type="checkbox"/> Attorney	
Name of Representative	Address of Representative
Telephone:	
Email Address:	Agency <i>(if any)</i> :
<input type="checkbox"/> Consents to receive documents by email only	

Section 2 – Child Support Information

IV-D Number, or last four digits of Social Security Number: _____

Check which box applies to your situation:

- I owe or am alleged to owe child support.
- I hold a **joint account** with someone who owes or is alleged to owe child support.

Section 3 – Why do you need a hearing?

Check all the boxes that apply in your case

- CSSD has taken action to collect funds in my **bank account** or another account.
- CSSD has placed a **lien against my settlement funds**
- CSSD has taken action to **intercept a payment** intended for me.
- CSSD has sent me a notice about suspending my **driver's license** or **vehicle registration**.
- CSSD has taken other action. Describe action: _____

In the space below, give the reason(s) you disagree with CSSD's action(s) and what you want the judge to do. Use an additional page if needed.

Section 5 – Language Access

Do you need OAH to provide an interpreter to help you participate in the hearing?

- YES NO

If YES, what language do you need? _____

Section 6 – Reasonable Accommodation

Do you need a reasonable accommodation to help you participate in the hearing?

- YES NO

If YES, please explain: _____

Section 7 – Who Prepared the Hearing Request?

Signature of the person who prepared the hearing request (unless the request was by phone):

Signature

Print Name

Date

Email, telephone, mailing address of person who prepared hearing request (if not printed above):

Do not fill out this box. The OAH Clerk's Office will fill it out.

Received by _____ Date: _____