



THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILD SUPPORT SERVICES  
77 DORRANCE STREET PROVIDENCE RI 02903

[WWW.CSE.RI.GOV](http://WWW.CSE.RI.GOV)

**NON RHODE ISLAND RESIDENT REQUESTING ASSISTANCE WITH A TELEPHONIC  
HEARING**

The enclosed forms are being provided because you have requested the Office of Child Support Services assist you in scheduling a telephonic hearing at the Rhode Island Family Court so that you may participate in a previously scheduled hearing or you have filed a Motion on your own. We are assisting you with your request because you are not a resident of Rhode Island. Please fully complete the form(s) that follow. All hearings require an Entry of Appearance.

There is a space for you to provide the name of the parties in this action called the plaintiff and defendant, as well as the Family Court Civil Action File Number. Please print your name, provide your address and sign the document entitled Entry of Appearance. This will be your "Entry of Appearance" as a Self-Represented Litigant. Your signature should be placed at the bottom of the form on the line highlighted. Even though you may not have an attorney, you sign here because you are acting as your own attorney. It is important to fully complete the form, and provide a phone number where you can be reached for the scheduled telephonic hearing. **If you do not provide a phone number the telephonic hearing cannot be held.** It is your responsibility to update any change to the number where you can be reached.

Please be advised that the matter may not be heard on the assigned hearing date if the custodial parent was not served or does not appear.

If you have any questions please do not hesitate to call me at the phone number listed below.

Very truly yours,

Timothy J. Flynn  
Child Support Administrative Officer

(401) 458 - 4526 *direct office phone*  
(401) 458 - 4400 *main line*  
(401) 458 - 4411 *fax*  
[TIMOTHY.FLYNN@DHS.RI.GOV](mailto:TIMOTHY.FLYNN@DHS.RI.GOV) *e-mail*



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**ENTRY OF APPEARANCE**

FAMILY COURT

PROVIDENCE/BRISTOL COUNTY OR SIXTH DIVISION     WASHINGTON COUNTY OR FOURTH DIVISION

KENT COUNTY OR THIRD DIVISION     NEWPORT COUNTY OR SECOND DIVISION

<b>PLAINTIFF</b>	<b>CIVIL ACTION FILE NUMBER OR CASE NUMBER</b>
<b>DEFENDANT</b>	

<b>IN THE ABOVE CAPTIONED MATTER, I HEREBY ENTER MY APPEARANCE AS A SELF - REPRESENTED LITIGANT.</b>

PLAINTIFF NAME PRINTED:	DEFENDANT NAME PRINTED:
PLAINTIFF SIGNATURE:	DEFENDANT SIGNATURE:
ADDRESS:	ADDRESS:
HOME PHONE:	HOME PHONE:
CELLULAR PHONE:	CELLULAR PHONE:

DATE: \_\_\_\_\_