Rhode Island Department of Human Services
Office of Child Support Services
77 Dorrance Street
Providence, Rhode Island 02903
(401) - 458 - 4400

To: Child Support Representative Date:

RE: **WRITTEN REQUEST FOR A TELEPHONIC HEARING**

CASE NAME: _____

Case Number: _____

1. I am requesting a telephonic hearing in the above matter because:

   _____

   _____

2. I am not a resident of the State of Rhode Island.

3. The telephone number I can be contacted at is: ( ) - _____

4. **I further understand that if I am not available at the telephone number provided, the hearing will proceed without my participation.**

5. I have been advised and agree not to call the child support office on the assigned hearing date, since the file will not be available at the child support office on that date.

My name is: _____

Address: _____
Number Street

_____
City State Zip Code

Telephone number where I can be reached on that assigned date: ( ) - _____

Social Security Number: _____