

STATE OF RHODE ISLAND
CHILD SUPPORT AGENCY
OFFICE OF LEGAL COUNSEL
77 DORRANCE STREET
PROVIDENCE, RHODE ISLAND 02903
(401) 222-2847

Date: _____

To: Child Support Administrative Officer

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 Enforcement Agency on that date.

My name is: _____

Address: _____

Telephone number where I may be reached on the assigned date:

Social Security Number: _____