

# CHILD SUPPORT PROCESSES OPTIONS FOR CANADA

## APPENDIX F

### STATE OF OREGON, DEPARTMENT OF JUSTICE

By the Administrator, Support Enforcement Division

County: \_\_\_\_\_

DHR No: \_\_\_\_\_

**PARTIES TO THIS ACTION:** State of Oregon

### REQUEST FOR ADMINISTRATIVE HEARING

I acknowledge receipt of the notice and finding of financial responsibility, motion for modification or state's review and I request a hearing regarding my child support obligation. I understand that the hearings officer will apply the child support guidelines (OAR 137-50-320 to 137-50-490) to any information given at the hearing. This means that the support and past support amounts \_\_\_\_\_ should pay may be higher or lower than the amounts listed in the notice or motion. Since the hearing may be conducted by phone, the number the hearings officer should call to reach me is listed below. I want a hearing because:

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#### I UNDERSTAND THAT:

1. The amount ordered for support and past support may be higher or lower than the amounts listed in the notice or motion.
2. I can have a lawyer represent me at my own cost.
3. I must fill out and return the UNIFORM INCOME STATEMENT attached to this request for hearing. It will be used to help determine a fair support amount.
4. The hearing will be held by an administrative hearings officer of the Employment Department. The hearings officer's decision may be appealed to the circuit court of the State of Oregon.
5. A notice of the time and place of the hearing will be mailed to me at my mailing address. If I do not appear for the hearing, a default order may be entered and \_\_\_\_\_'s wages will be subject to an immediate withholding order.
6. I am responsible for telling the office listed below of any change in my address or employment within 10 days of such change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Mailing or Contact Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number Hearings Officer Should Call

**IF YOU WILL BE REPRESENTED BY A LAWYER  
FILL IN THE INFORMATION BELOW:**

\_\_\_\_\_  
Best Days and Times for Hearing

\_\_\_\_\_  
Lawyer's Name

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**BE SURE TO FILL OUT THE ATTACHED UNIFORM  
INCOME STATEMENT. IF YOU DON'T, THE  
HEARING  
MAY TAKE LONGER.**  
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\_\_\_\_\_  
Lawyer's Address

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**Return this form to:**

\_\_\_\_\_  
Lawyer's Phone

Support Enforcement Division  
Phone: (503)  
TDD: (503) 378-5938

FLS 803A (Rev. 9/95)

*This form has been reformatted for the sake of visual clarity in this report. Gratitude is extended to the S.E.D. Administration Office of the Department of Justice in Salem, Oregon for providing an original version of this document and the subsequent Oregon child support documents for the sake of illustration.*