

Request for Review of National Medical Support Notice (NMSN)

<u>To:</u> Office of the Attorney General Medical Support Unit PO Box 1328 Austin, TX 78767-1328 Telephone Number: (800) 522-2421 Fax Number: (855) 329-6676	<u>From:</u> Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: _____ Cause Number: _____	OAG Number: _____ Custodial Parent's Name: _____ Child(ren) Name: _____ _____ _____ _____
--	--	--

I, _____ (obligor/employee), contest the National Medical Support Notice (NMSN) sent to my employer, _____ (name of employer), on or about _____ (date), and request an administrative review based upon the following mistake(s) of fact:

It has been within 30 calendar days from the date of notice of issuance of the National Medical Support Notice.

I understand:

- I will receive notice of the date, time, and place of the review within 10 days of the Office of the Attorney General (OAG) receiving this request;
- The review may be in person or over the telephone;
- My employer and I must comply with the terms of the NMSN during this review period;
- At the end of the review, which will be completed within 30 days of receipt of this request, the OAG may issue a revised NMSN, terminate the NMSN, or send me notice of determination that the NMSN is proper and should remain in effect as previously issued; and
- If the OAG does not revise or terminate the NMSN, I may request a hearing with the court of continuing jurisdiction to resolve any issue in dispute.

Obligor/Employee Signature

Date: _____