



CHILD SUPPORT DIVISION

Figure: 1 TAC §55.141(e)

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: REQUEST FOR ADMINISTRATIVE REVIEW – DISTRIBUTION OF CHILD  
SUPPORT PAYMENTS

Dear \_\_\_\_\_ :

If you are not satisfied with the distribution explanation provided on the:

- Form 1756, Distribution Details of Child Support Payments or
- Monthly Report of Support Collected

you have the right to request an Administrative Review.

To request an Administrative Review, you must:

- complete page 3 of this form, which is titled "REQUEST FOR HEARING"
- sign, date and return the completed Request For Hearing to the local office in the enclosed envelope

Upon receipt of your completed request, the Child Support Officer (CSO) assigned to your case will forward your Form 1757 and the collection and distribution information on your case to the Coordinator for the Administrative Review Hearing Officer, who will schedule an Administrative Review hearing and mail a notice of hearing to you.



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The Administrative Review Hearing Officer will conduct a formal hearing, in which you may participate, but your participation is not required. Although an attorney will *not* be provided to assist you, you *may* obtain an attorney of your own to represent you at the hearing. Evidence may be submitted by testimony, sworn affidavits or other documents. The Administrative Review Hearing Officer will issue an administrative review decision based solely on the evidence submitted during the hearing. **Note: This process may require at least two months.**

**Texas Government Code Chapter 559 gives you the right to review and request correction of information on this form.**



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Docket No. \_\_\_\_\_

IN THE MATTER OF

§ BEFORE THE OFFICE

§ OF THE

§ ATTORNEY GENERAL

### REQUEST FOR HEARING

This request for hearing form should be completely filled out by you or your lawyer if you wish to have a hearing to contest the distribution of your child support payments. If you request a hearing you will be notified of the date and time your hearing has been scheduled.

I. My name, address, telephone number and Social Security number, which I have listed below, are true and correct. I understand that if there are any changes I must immediately notify the Coordinator for the Administrative Review Hearing Officer. I understand that my failure to supply those changes to the Coordinator may result in my failing to receive notices or other pleadings and documents.

2. I am contesting the Agency's distribution/retention of the child support payments collected in my case for the following reasons: (use additional sheets as necessary and attach supporting evidence)

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3. I understand that:

- a. a decision will be made by the agency after a hearing is held based on the testimony and evidence at the hearing;
- b. I will receive written notice of the decision and the reasons for the decision; and



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- c. the Office of the Attorney General cannot represent me or give me legal advice; I have the right to hire my own lawyer to represent me at the hearing.

[IF YOU ARE REPRESENTED BY A LAWYER, PLEASE FILL IN THE INFORMATION BELOW. ALL NOTICES AND LETTERS WILL BE SENT TO YOUR LAWYER.]

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lawyer's Phone Number: \_\_\_\_\_

4. Please read and check one of the following choices for your hearing:

☐ **IN PERSON**- I will be present for the in-person hearing set in this case. I understand that the hearing will be held at the Office of the Attorney General, 5500 E. Oltorf Austin, Texas, unless a different address is stated in the Notice of Hearing. The Coordinator will send the Notice of Hearing to the address listed below when the hearing date is set.

**OR**

☐ **TELEPHONIC**- I request that the hearing on the proposed intercept of my child support payments be conducted by telephone. I will be at the following telephone number for the telephone hearing: \_\_\_\_\_. I understand that if I am at a different phone number on the date of the hearing, it is my responsibility to notify the Coordinator of the number where I may be reached. I understand that my request for hearing may be dismissed if I am not available for the telephonic hearing at the telephone number I have designated when the Administrative Review Hearing Officer calls.

5. I am sending the original of this Request for Hearing to my local child support office who will in turn forward all documentation to the Coordinator for filing.



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MY SIGNATURE BELOW IS THE ACKNOWLEDGMENT THAT I HAVE READ THIS REQUEST FOR HEARING AND THAT ALL THE RESPONSES ARE TRUE AND CORRECT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

City: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

This request for hearing must be returned to the local child support office handling your case at the address below:

Child Support Division

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Privacy Act of 1974 Notice.* Disclosure of your social security number, and the social security numbers of your children, is required by federal law (42 USC 666). The Child Support Division will use these social security numbers for the purpose of establishing and enforcing support for you and your family.