

COLVILLE CONFEDERATED TRIBES CHILD SUPPORT PROGRAM



OBJECTION/REQUEST FOR ADJUDICATIVE PROCEEDING

TO: RE: (enter MTS #)
Colville Confederated Tribal Child Support Program
P.O. Box 468
Nespelem, WA 99155

INSTRUCTIONS

An adjudicative proceeding (hearing) is a formal process in which an Administrative Law Judge decides disputed issues. A hearing is not as formal as a court action. If you want a hearing, complete page 2 of this form. Send this completed form (both pages to the Colville Confederated Tribes Child Support Program (CTCSP) address listed below. Except for your signature, please print or type all responses. Use blue or black ink only.

You must ask for a hearing within the time limits stated on the document enclosed with this form.

☐ If we marked this box, you also must complete the enclosed **Colville Confederated Tribes Child Support**Program schedule worksheets and include them with this form.

We prefer to settle disputes without a hearing. A CTCSP representative may contact you to try to settle your dispute.

Tell us immediately if you change your mailing address. We and the Administrative Law Judges will send all mailings to the address you provide us. CTCSP presumes that you receive everything we send to the address you provide us.

The Administrative Law Judges will notify you of the date, time, and place of the hearing. During the hearing, you may present the reasons for your dispute. If you do not attend the hearing, the Administrative Law Judge may set the support amounts without your input.

You may choose to attend the hearing by telephone. If you want to attend by telephone, you must contact our office to arrange this in advance.

If you want a hearing, return this completed form to: Colville Confederated Tribes Child Support Program

Po Box 468

Nespelem, WA 99155

<mark>I want a hear</mark>	ing because:		
			-
	D.F.	CURE TO DROVING TH	F FOUL OWING INFORMATION
	BE :	SURE TO PROVIDE TH	E FOLLOWING INFORMATION
	training order in place ren? □ Yes □ No.	e that forbids the othe	er party to your child support order form having contact with you
Date			Your Signature
Mailing Address (P.O. Box or Street Number)			Your Name
City	State	Zip Code	Your Social Security Number
()			()
Your Home Tele	phone Number (include th	ne area code)	Your Work Telephone Number (include area code)
Best Time to Cal	II You		
Your Legal Representative's/Attorney's Mailing Address (P.O. Box or Street Number)			Your Legal Representative's/Attorney's Signature
City	State	Zip Code	Your Legal Representative's/Attorney's Signature
() Your Legal Repre	esentative's/attorney's Te	 lephone Number	