

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

4. I hold the following licenses issued by the listed licensing authorities:

Type of License

Licensing Authority

5. I request a Hearing on the Administrative Petition to Suspend License for the following reason(s): (Check those that apply.)

- I owe less than the amount of child support due for three months under the court order. (Please explain and attach clear copies of receipts, canceled checks, affidavits of payment, or other written proof. Originals are not required).
- I am not the person who owes child support. (Please explain and attach proof.)
- I am in compliance with a previous agreed or court-ordered repayment schedule. (Please attach a copy of the repayment agreement or the court order, and proof of payments).
- Other (Please explain and attach proof.)

6. 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 an in-person hearing is always held at the State Office of Administrative Hearings whose current address is 300 West 15th Street, 4th Floor, Austin, Texas. Should the current address

of the State Office of Administrative Hearings ever change, such new address will be stated in the Notice of Hearing. When the hearing date is set, the Coordinator will send the Notice of Hearing to the address I listed below.

OR

TELEPHONIC - I request that the hearing on the Administrative Petition to Suspend License 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 an order suspending my license may be entered by default if I am not available for the telephonic hearing at the telephone number I have given the Coordinator.

7. I am sending the original of this Request for Hearing to the Coordinator for filing and a copy, including any documents I have provided, to the party or the attorney who signed the Petition. I am retaining all documents that were served on me and copies of all that I later provided. I am keeping these documents in the same order as they were when I received them or sent them to others. These will be used at the hearing. It is my responsibility to have every document with me at the time of the hearing.

IF YOU ARE REPRESENTED BY AN ATTORNEY, PLEASE FILL IN THE INFORMATION BELOW. ALL NOTICES AND LETTERS WILL BE SENT TO YOUR ATTORNEY.

Attorney's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

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

Signature

Printed Name

Date: _____

Social Security Number: _____

Address: _____

Home Phone Number: _____

City: _____

Daytime Phone Number: _____

State: _____ Zip: _____

This Request for Hearing must be returned to and filed with:

Coordinator,

Child Support Division

Attorney General of Texas

Mailing Address: P.O. Box 12017 MC 039-3

Overnight Mail: 300 W 15th St, Rm 102

Austin, Texas 78711

Voice: (512) 460-6046

Fax: (512) 460-6611

A copy of this Request for Hearing and any written proof should also be delivered to the Petitioner who signed the Administrative Petition to Suspend License.