

Child Support Appeal Request

SEND TO: Office of Administrative Hearings
11101 Gilroy Road, Drawer A
Hunt Valley, Maryland 21031-1301
(410) 229-4292

Local Case No.(s): _____

To file an appeal, complete this entire form. Provide all requested information, sign the form, and mail it to the above address. You must include with this appeal form a \$50.00 filing fee made payable to the Maryland State Treasurer and a copy of the intercept notice, passport denial/revocation, withholding notice and notice of results of investigation, or notice of administrative garnishment and notice of results of investigation.

I, _____ of _____
(Appellant's name) (Appellant's address)

City County State Zip Code Telephone No.: _____
Home Work

hereby request an appeal of the action taken by the Child Support Administration:

Maryland County that manages your case: _____

I AM APPEALING THE: (Check the appropriate space)

- INTERCEPTION OF MY STATE INCOME TAX REFUND. Failure to return this form within 30 days of the date the notice was sent from the Maryland State Income Tax Division will result in a dismissal of your appeal unless written documentation of good cause for your delay is included with this form.
- INTERCEPTION OF MY FEDERAL INCOME TAX REFUND - Failure to return this form within 30 days of the date the notice was sent from the Internal Revenue will result in a dismissal of your appeal unless written documentation of good cause for your delay is included with this form.
- WITHHOLDING OF MY LOTTERY PRIZE - This form must be filed within 15 days from the date the intercept notice was given or mailed to you by the State Lottery Agency. If the request is not timely, your appeal will be dismissed unless written documentation of good cause for your delay is included with this form.
- WITHHOLDING OF MY CASINO PRIZE – This form must be filed within 15 days from the date the intercept notice was given or mailed to you by the Video Lottery Facility (Casino). If the request is not timely, your appeal will be dismissed unless written documentation of good cause for your delay is included with this form.
- STATE DEPARTMENT'S DENIAL OR REVOCATION OF MY U.S. PASSPORT – This form must be filed within 30 days of receipt of the State Department's notice. If the request is not timely, your appeal will be dismissed unless written documentation of good cause for your delay is included with this form.
- EARNINGS WITHHOLDING – This form must be received by the Office of Administrative Hearings within 30 days of the date the results of the investigation were mailed to you. If the request is not timely, your appeal will be dismissed unless written documentation of good cause for your delay is included with this form.
- ADMINISTRATIVE GARNISHMENT OF FINANCIAL ACCOUNTS – This form must be received by the Office of Administrative Hearings within 30 days of the date the results of the investigation were mailed to you. If the request is not timely, your appeal will be dismissed unless written documentation of good cause for your delay is included with this form.
- INTERCEPTION OF ABANDONED PROPERTY OR STATE PAYMENT – This form must be received by the Office of Administrative Hearings within 30 days of the date of the intercept notice from the State Comptroller. If the request is not timely, your appeal will be dismissed unless written documentation of good cause for your delay is included.
- PAYMENT RECORD ADJUSTMENT – This form must be received by the Office of Administrative Hearings within 30 days of the date the results of the investigation were mailed to you. If the request is not timely, your appeal will be dismissed unless written documentation of good cause for your delay is included.

I AM APPEALING BECAUSE: (Check the appropriate space)

- I do not owe a support obligation arrearage.
- I do owe a support obligation arrearage, but the amount is now only _____.
- I do owe a support obligation arrearage, but the amount withheld from my State and Federal income tax refunds exceeds the amount owed.
- I do not owe a support obligation arrearage in excess of \$2,500 as of the date of the notice (PASSPORT DENIAL/REVOCATION APPEAL ONLY)
- The Earnings Withholding notice is not accurate (specify) _____
- The Administrative Garnishment of Financial Accounts notice is not accurate (specify) _____
- Adjustment of the payment record is not appropriate.

(OVER)

I WOULD LIKE MY APPEAL TO BE HANDLED IN THE FOLLOWING MANNER:

- () I wish my appeal to be dealt with by a review of the record and of the evidence I submit with this form. I WAIVE THE RIGHT to a face-to-face hearing. I will be notified when the review will take place. I do not have to appear in person. I will attach documents or include other evidence to support my claim. I understand I have a right to review the local agency's records relating to the case to prepare for the hearing. This may be done by contacting the local Child Support Office named on the other side of this page. Should I wish to add additional documentation for the Administrative Law Judge to consider, I understand it must be received by the Office of Administrative Hearings (address on reverse) within 5 days prior to the scheduled review.
- () I wish my appeal to be dealt with at a hearing. I (with an attorney, if I choose) will be present at the hearing at a date, time and place set by the Office of Administrative Hearings. At that time I will bring any witnesses and evidence I wish to present.

NOTE: If a hearing or record review is not selected, the Office of Administrative Hearings will schedule a record review.

If you will be represented by legal counsel, please indicate his/her name and telephone number below.

Name: _____

Address: _____

Telephone No. _____

SIGNATURE

DATE

SOCIAL SECURITY NUMBER

IMPORTANT INFORMATION FOR THE APPELLANT

FILING FEE: THIS APPEAL REQUEST MUST BE ACCOMPANIED BY A \$50.00 FILING FEE*, MADE PAYABLE TO THE MARYLAND STATE TREASURER AND THE DOCUMENTS NOTED BELOW AS THEY RELATE TO YOUR APPEAL. **A \$25 FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.**

STATE INCOME TAX REFUND APPEALS - ATTACH TO THIS FORM A COPY OF THE LETTER YOU RECEIVED FROM THE MARYLAND STATE INCOME TAX DIVISION (ENTITLED NOTICE OF REVISED INCOME TAX COMPUTATION)

FEDERAL INCOME TAX REFUND APPEALS - ATTACH TO THIS FORM A COPY OF THE LETTER YOU RECEIVED FROM THE INTERNAL REVENUE SERVICE (ENTITLED OVERPAID TAX APPLIED TO PAST-DUE OBLIGATION)

LOTTERY WITHHOLDING APPEALS - ATTACH TO THIS FORM A COPY OF THE LETTER YOU RECEIVED FROM THE MARYLAND LOTTERY AGENCY.

GAMING WITHHOLDING APPEALS - ATTACH TO THIS FORM A COPY OF THE LETTER YOU RECEIVED FROM THE CASINO/VIDEO LOTTERY FACILITY.

PASSPORT DENIAL/REVOCAION APPEALS – ATTACH A COPY OF THE LETTER YOU RECEIVED FROM THE STATE DEPARTMENT.

EARNINGS WITHHOLDING APPEALS – ATTACH A COPY OF THE EARNINGS WITHHOLDING NOTICE AND NOTICE OF INVESTIGATION RESULTS YOU RECEIVED FROM THE CHILD SUPPORT ADMINISTRATION.

ADMINISTRATIVE GARNISHMENT APPEALS – ATTACH A COPY OF THE ADMINISTRATIVE GARNISHMENT OF FINANCIAL ACCOUNTS NOTICE AND NOTICE OF INVESTIGATION RESULTS YOU RECEIVED FROM THE CHILD SUPPORT ADMINISTRATION.

INTERCEPTION OF ABANDONED PROPERTY OR STATE PAYMENT APPEALS – ATTACH A COPY OF THE NOTICE OF INTERCEPT YOU RECEIVED FROM THE STATE COMPTROLLER.

PAYMENT RECORD ADJUSTMENT APPEALS – ATTACH A COPY OF THE NOTICE OF INVESTIGATION RESULTS YOU RECEIVED FROM THE CHILD SUPPORT ADMINISTRATION.

* You may request a waiver of the \$50.00 filing fee if you are presently receiving public assistance under COMAR 07.03; 07.02.04.03(a)(b), 07.06.06, 07.06.09; 10.02.03, 10.09.24, 10.09.25, or 10.22.01, or under the provisions of Health General Article Sections 7-406, 7-503, 7-801(3), 7-802(d), or 10-708 Annotated Code of Maryland. Proof that you are receiving assistance must be submitted with the request for a waiver.