



### ADMINISTRATIVE APPEAL REQUEST

#### PERSON APPEALING

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
LAST 4 OF SSN: xxx-xx-\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

#### REPRESENTATIVE'S INFORMATION (If applicable)

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

#### TYPE OF APPEAL:

- ADMINISTRATIVE SUPPORT ORDER
- FEDERAL INCOME TAX OFFSET
- PASSPORT DENIAL
- ORDER TO WITHHOLD
- STATE INCOME TAX/LOTTERY WINNINGS/VENDOR PAYMENT INTERCEPT SETOFF
- INCOME WITHHOLDING FOR SUPPORT
- CONSUMER CREDIT AGENCY REPORTING
- OTHER: \_\_\_\_\_

#### REASON FOR APPEAL:

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

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Email this form to: [csappeals@dss.virginia.gov](mailto:csappeals@dss.virginia.gov)  
Mail this form to: Appeals Unit, CSE Section, 5600 Cox Road, Glen Allen, Virginia 23060-9266  
Fax this form to: 804-726-7656

To obtain additional case and/or payment information, visit our customer service portal at <http://mychildsupport.dss.virginia.gov/>.