

COMMONWEALTH OF VIRGINIA-DEPARTMENT OF SOCIAL SERVICES  
CHILD SUPPORT ENFORCEMENT  
Mail to: Appeals Unit – CSE Section – 801 East Main Street – Richmond VA 23219

ADMINISTRATIVE APPEAL REQUEST

NAME OF PERSON APPEALING: \_\_\_\_\_ SS# \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
AREA CODE: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

NAME OF CLAIMANT'S REPRESENTATIVE: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
AREA CODE: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

MY APPEAL IS IN REGARD TO THE FOLLOWING:

**TYPE OF APPEAL:**

- \_\_\_\_\_ ADMINISTRATIVE SUPPORT ORDER
- \_\_\_\_\_ INCOME WITHHOLDING FOR SUPPORT
- \_\_\_\_\_ ORDER TO WITHHOLD
- \_\_\_\_\_ ORDER TO DELIVER
- \_\_\_\_\_ STATE TAX SET-OFF
- \_\_\_\_\_ ADVANCE NOTICE OF LIEN
- \_\_\_\_\_ FEDERAL TAX SET-OFF\*
- \_\_\_\_\_ CONSUMER REPORTING AGENCY NOTICE\*
- \_\_\_\_\_ VENDOR PAYMENT INTERCEPT NOTIFICATION\*
- \_\_\_\_\_ OTHER: \_\_\_\_\_

\* Date of Administrative Review Conference: \_\_\_\_\_

**REASON FOR APPEAL:**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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CLAIMANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_