



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403

Telephone: 615-313-4700 FAX: 615-741-4165
TTY: 1-800-270-1349
www.state.tn.us/humanserv/

BILL HASLAM
GOVERNOR

RAQUEL HATTER, MSW, Ed.D.
COMMISSIONER

REQUEST FOR ADMINISTRATIVE HEARING

A Request for Administrative Hearing form is attached (**SEE PAGE 4**). **Your request for an appeal must be submitted in writing but you are not required to use a Request for Administrative Hearing form.** If you do submit your appeal request on a Request for Administrative Hearing form, be sure to follow the instructions for completing it and provide all of the information requested on the form.

Your hearing will be held by conference call on the telephone. On your written appeal, be sure to include the telephone number/s at which you may be reached at the time of your hearing. Remember to let us know if this number changes before the date of the hearing. If you wish to appear in person rather than by telephone, you must request an in-person hearing on your written appeal.

Mail or fax your written request either to the address or fax number provided on page 2, or to your local child support office. Information about how to contact each of Tennessee's child support offices can be found on the Internet at http://www.state.tn.us/humanserv/st_map_cs.html.

If you think that we may be able to resolve this matter **informally**, or if you have any questions, please contact your local child support office.

IMPORTANT!!

UNLESS THIS REQUEST RELATES TO THE COLLECTION OR DISTRIBUTION OF CHILD SUPPORT OR TO A LICENSE REVOCATION, THIS FORM **MUST BE FILED WITHIN FIFTEEN (15) CALENDAR DAYS** FROM THE DATE ON THE NOTICE BEING APPEALED.

FORMS TO APPEAL A LICENSE REVOCATION MUST BE FILED WITHIN TWENTY (20) CALENDAR DAYS.

IF YOUR REQUEST RELATES TO THE COLLECTION OR DISTRIBUTION OF CHILD SUPPORT, THE FIFTEEN-DAY DEADLINE MENTIONED ABOVE WILL NOT PREVENT AN ADMINISTRATIVE REVIEW OR HEARING – BUT NO HEARING WILL BE SCHEDULED UNTIL AFTER THE 30 DAY REVIEW (CONCILIATION) PERIOD.

* Mail this form or your detailed written request for an administrative review to:

Division of Appeals and Hearings
Tennessee Department of Human Services
Citizens Plaza Building
400 Deaderick Street, 9th Floor
PO Box 198996
Nashville, TN 37219-8996

* Or fax it to:

(615) 532-2714

An Administrative Review is limited to a “**determination of correct identity**” and/or whether there was a “**mistake of fact involving the action**” (T.C.A. § 36-5-1002), and is also limited to the following issue(s):

1. **Distribution of Collections.** [T.C.A. § 36-5-1002(a)(11)]
 - (a) A determination of the adequacy of efforts to resolve the issues. [T.C.A. § 36-5-1002(a)(11)(B)]
 - (b) The amount of support which is properly credited to the appellant. [T.C.A. § 36-5-1002(a)(11)(B)]
 - (c) If your review includes the amount of unmet need (a Families First issue), a hearing and determination on unmet need will be held separately, before any hearing on child support. [DHS Rule 1240-5-1-.01, 1240-5-1-.03]

2. **An Income Withholding Order**
 - (a) Issuance of the initial order or income assignment (limited to the correct identity of the individual subject to the order and/or mistake of fact). [T.C.A. § 36-5-1002(a)(5)(A)]
 - (b) Issuance of an income assignment due to a delinquency pursuant to § 36-5-501(b)(1)(B) or (D) (limited to the amount of support not paid; or the timeliness of the support paid). [T.C.A. § 36-5-1002(a)(5)(B)]
 - (c) For the addition of an amount ordered pursuant to § 36-5-501(b)(1)(C) if the court has not already determined the amount of arrears, the reasonableness of the amount ordered on the arrears and, in the case of accumulated arrears, the period of time over which the support is ordered to be paid. [T.C.A. § 36-5-1002(a)(5)(C)]
 - (d) For the addition of an amount ordered pursuant to § 36-5-501(b)(1)(C) for medical support, if the court has not already determined the amount of medical support, the reasonableness of the amount of medical support ordered. [T.C.A. § 36-5-1002(a)(5)(D)]
 - (e) For termination of an income assignment, that the conditions of § 36-5-503 have been met. [T.C.A. § 36-5-1002(a)(5)(E)]

3. **Treasury Offset Program** (IRS tax refund, federal salary, and vendor payment intercepts; and passport denials)
 - (a) Pursuant to the Department's existing rules or as they may be further amended. [T.C.A. § 36-5-1002(a)(9)]

- 4. Notice of Enrollment of a Child for Health Insurance Coverage Upon a Change of Employers**
 - (a) A determination of the reasonableness of the cost of the insurance. [T.C.A. § 36-5-1002(a)(6)]

- 5. Review and Adjustment of Child Support Order**
 - (a) A determination of the appropriate application of the methods of adjustment of the order of support pursuant to § 36-5-103 which have been utilized by the Department based on the income of the parties and based upon any circumstances which should permit deviation from the amount and which is justified by the application of those methods. [T.C.A. § 36-5-1002(a)(7)]

- 4. The Enforcement by Administrative Orders of Liens for Child Support** [T.C.A. § 36—1002(a)(8)]
 - (a) The correct amount of the obligation.
 - (b) The extent of the obligor's interest in the assets; and whether good cause exists not to seize, sell, distribute or otherwise dispose of all or a part of such assets.

- 7. Credit Bureau Reports**
 - (a) The amount of current support or the amount of arrears reported to the credit bureau is incorrect. [T.C.A. § 36-5-1002(a)(10)]

- 8. License Revocation** [T.C.A. § 36-5-703]
 - (a) Whether the licensee is an obligor required to pay child support under an order of support. [T.C.A. § 36-5-703(c)(1)]
 - (b) Whether the obligor is not in compliance with the order of support. [T.C.A. § 36-5-703(c)(2)]
 - (c) Whether good cause exists in that case as to whether the sanctions of this part should be imposed. [T.C.A. § 36-5-703(c)(3)]

- 9. Unemployment Intercept**
 - (a) Pursuant to the Department's existing rules or as they may be further amended. [T.C.A. § 36-5-1002(a)(5); 50-7-611]

- 10. Request for Information or Records, an Administrative Orders or an Administrative Subpoena**
 - (a) Review of administrative orders for parentage tests (limited to whether order is arbitrary or capricious). [T.C.A. § 36-5-1002(a)(2)]
 - (b) Review of administrative orders to redirect child support (limited to whether the case upon which the redirection order has been issued is a Title IV-D case). [T.C.A. § 36-5-1002(a)(3)]
 - (c) Review of administrative orders to direct additional payments of child support (limited to a determination of whether the order is a reasonable amount which would eliminate the arrearage within a reasonable amount of time). [T.C.A. § 36-5-1002(a)(4) & (12)]
 - (d) Other administrative orders or subpoena.

- 11. Employer Penalty for Non-compliance of New Hire Reporting**
 - (a) Assessment of civil penalties. [T.C.A. § 36-5-1107]

REQUEST FOR ADMINISTRATIVE HEARING
Tennessee Department of Human Services
Child Support Services Division

This form can only be used to appeal or request a review of an administrative action. It CANNOT be used to appeal a judicial action (i.e., an action taken by a court).

This form must be completed by the person who is filing the appeal or by that person's representative.

I hereby request an administrative hearing (please print):

<hr/> <p>(Name of Person Filing the Appeal)</p>	<hr/> <p>(Street Address / Apartment No. / PO Box)</p>
<hr/> <p>(Social Security Number)</p>	<hr/> <p>(City / State / Zip)</p>
<hr/> <p>(Phone Number - Home)</p>	<hr/> <p>(Phone Number - Work)</p>
<hr/> <p>(Phone Number - Cell)</p>	<hr/> <p>(Email Address)</p>

Under the authority of Tennessee Code Annotated §36-5-1002(c)(3), your hearing will be held by telephone. List below the telephone number/s at which you may be reached at the time of your hearing. If you wish to appear in-person rather than by telephone, please indicate this by checking the box below.

Call me at the following telephone number/s at the time of my hearing: () _____ or
() _____

I do not want a telephonic hearing; I want to appear in-person for my hearing.

Date of the notice or the action you wish to appeal:

Name of the other parent:

My complaints are as follows: (Be as specific and detailed as possible. Attach additional sheets if necessary.)

Some specific issues related to the collection or distribution of child support that can be reviewed are:

- (1) A difference between the amount of support received by the Department and the amount sent to you, or
- (2) The amount of past due support owed. Other issues that can be reviewed are listed on the previous pages.

ATTACH COPIES OF ANY DOCUMENTS YOU THINK MAY BE NEEDED TO SUPPORT YOUR CLAIM.

(Your Signature) (Date)