

PLEASE PRINT CLEARLY OR TYPE

STATE OF NORTH CAROLINA

IN THE OFFICE OF
ADMINISTRATIVE HEARINGS
CSE

COUNTY OF (1) _____

(2) _____)
(your name) PETITIONER,)
)
v.)
)
N. C. Department of Health and Human Services,)
Division of Social Services, Child Support Enforcement Section)
RESPONDENT.)

**PETITION FOR A
CONTESTED CASE HEARING
Arising under N.C. Gen. Stat. Ch. 105A,
N.C. Gen. Stat. § 110-140 and 45 C.F.R. 303.72**

I hereby ask for a contested case hearing as provided for by North Carolina General Statute § 150B-23 because the Respondent has deprived me of property and has substantially prejudiced my rights.

(3) Date you received notice of tax intercept: _____

(4) My appeal is based upon the following (check all that apply):

- _____ Amount owed is incorrectly stated
- _____ I am not the person who owes the duty of support
- _____ Other (specify) _____

(5) The facts supporting my appeal are as follows:

(If more space is needed, attach additional pages)

(6) Because of these facts, the Respondent has (check all that apply):

- _____ exceeded its authority or jurisdiction; _____ acted erroneously; _____ failed to use proper procedure;
- _____ acted arbitrarily or capriciously; or _____ failed to act as required by law or rule.

(7) Your IV-D number _____ Your MPI number _____

(8) Date: _____ (9) Telephone number: () _____

(10) Print your full mailing address: _____
(street address/PO Box) (city) (state) (zip)

Print your e-mail address: _____

(11) Print your name: _____

(12) Your signature: _____

You must mail or deliver a **COPY** of this Petition to the State agency named on this form; please indicate below.

CERTIFICATE OF SERVICE

I certify that this Petition has been served on:

**Julie Cronin, General Counsel
N.C. Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2001**

(13) This the _____ day of _____ 20 _____.

(14) Your signature: _____

When you have completed this form, you **MUST** mail or deliver the **ORIGINAL** to the Office of Administrative Hearings, 1711 New Hope Church Road, Raleigh NC 27609.

**INSTRUCTIONS FOR FORM H-06B (child support-tax intercept)
“PETITION FOR A CONTESTED CASE” AND “CERTIFICATE OF SERVICE”**

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FILL IN BLANKS:

Fill in your county of residence on line (1), print your name on line (2), and the date you received your notice of tax intercept on line (3). Check all of the items that apply in section (4), and briefly state the facts about your case on line (5). Check all of the items that apply in section (6), and print your IV-D and MPI number on line (7). Print the date on line (8), your telephone number on line (9), your full mailing and e-mail address on line (10), Print your name on line (11), and **sign your name on line (12)**.

CERTIFICATE OF SERVICE:

You must mail or deliver a copy of your completed petition to the N.C. Department of Human Resources (the address is already printed on the petition form) and complete the “certificate of service” section on your petition. Enter the date on line (13) and **sign your name on line (14)**.

FILING YOUR PETITION WITH THE OFFICE OF ADMINISTRATIVE HEARINGS:

Your contested case will commence as soon as you file your completed original petition, properly signed, with the Office of Administrative Hearings. Below is the mailing and physical address:

**Office of Administrative Hearings
1711 New Hope Church Road
Raleigh, NC 27609**

If you mail this form, the case commences when it is **received and filed** in this office.

You may file your petition by fax during normal business hours by faxing the petition to the Clerk's Office at 984-236-1871.

You may file your petition by electronic mail by an attached file either in PDF format or a document that is compatible with or convertible to the most recent version of Word for Windows by sending the electronic transmission to oah.clerks@oah.nc.gov. Electronic mail without attached file shall not constitute a valid filing.