

PLEASE PRINT CLEARLY OR TYPE

STATE OF NORTH CAROLINA

IN THE OFFICE OF
ADMINISTRATIVE HEARINGS
DCS

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**

I hereby ask for a contested case hearing as provided for by North Carolina General Statute § 150B-23 because the Respondent:

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

(If more space is needed, attach additional pages)

(4) 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.

(5) Date: _____ (6) Telephone number: () _____

(7) Your full mailing address: _____
(street address/p.o. box) (city) (state) (zip)

Print your e-mail address: _____

(8) Print your name: _____

(9) 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**

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

(11) Your signature: _____ (12) Your IV-D number: _____

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-06C (child support-distribution)
“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) and print your name on line (2). Briefly state the facts about your case on line (3) and check all of the items that apply in section (4). Enter the date on line (5), your telephone number on line (6), your full mailing and e-mail address on line (7), print your name on line (8), and **sign your name on line (9)**.

CERTIFICATE OF SERVICE:

You must mail or deliver a copy of your completed petition to the N.C. Department of Health and Human Services (the address is printed on the petition form) and complete the “certificate of service” section on your petition. Enter the date on line (10), **sign your name on line (11)**, and write your IV-D number on line (12).

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.