



CLINTON COUNTY CHILD SUPPORT ENFORCEMENT AGENCY

MISTAKE OF FACT HEARING REQUEST

SETS Case No.: _____ Order No.: _____

Your Name: _____ Date of Birth: _____

Social Security No.: _____ Phone No.: _____

Your Address: _____

Other Party's Name: _____

I am requesting the Clinton County CSEA conduct and Administrative Mistake of fact hearing for the following reason:

____ I have received the JFS 04049 and there is an error in the amount of current support or arrearage listed on the notice.

____ I have received the JFS 04049 ad I am not the Obligor on this support case.

____ I have received the JFS 04049 and I am disputing the arrearage payment. I will provide evidence at the hearing that household expenditures, income variables, extraordinary health care issues, and/or other reasons exist for deviation from the new arrearage payment.

____ I do not have heave health insurance coverage for the child(ren) that is both accessible and reasonable in cost, neither party has been ordered to provide private health insurance or it is not available to either party at a reasonable cost.

____ I have received a copy of the audit completed on _____, and do not agree with the arrearage and/or credit balance that has been calculated.

Signature

Date