

Alaska Department of Revenue
Child Support Services Division

Please Reply To:
CSSD, MS 24

550 W. 7th Ave., Suite 310
Anchorage, AK 99501-6699
www. childsupport.alaska.gov

Withdrawal from Formal Hearing

Date: _____

CSSD Case No.: _____

I hereby withdraw from the Formal Hearing (AS 25.27.190) and accept the Administrative Review Decision dated _____, as written.

Print Name

Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20

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Notary Public in and for Alaska
My commission expires: _____

CSSD 04-1916 (Rev 03/9/07)