



ADMINISTRATIVE APPEAL REQUEST

PERSON APPEALING

NAME: _____ CASE NUMBER: _____

LAST 4 OF SSN: xxx-xx-_____ EMAIL ADDRESS: _____

ADDRESS: _____ TELEPHONE NUMBER: _____

CITY, STATE, ZIP: _____

REPRESENTATIVE'S INFORMATION (If applicable)

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ TELEPHONE NUMBER: _____

CITY, STATE, ZIP: _____

TYPE OF APPEAL:

- ADMINISTRATIVE SUPPORT ORDER
- FEDERAL INCOME TAX OFFSET
- PASSPORT DENIAL
- ORDER TO WITHHOLD
- STATE INCOME TAX/LOTTERY WINNINGS/VENDOR PAYMENT INTERCEPT SETOFF
- INCOME WITHHOLDING FOR SUPPORT
- CONSUMER CREDIT AGENCY REPORTING
- OTHER: _____

REASON FOR APPEAL:

SIGNATURE _____ **DATE:** _____

Email this form to: csappeals@dss.virginia.gov
Mail this form to: Appeals and Fair Hearings, Child Support Enforcement Section, 5600 Cox Road,
Glen Allen, Virginia 23060-9266
Fax this form to: 804-726-7656

To obtain additional case and/or payment information, visit our customer service portal at:
<https://mychildsupport.dss.virginia.gov/>.