Waiver of Administrative Hearing

If your address has changed, provide new address here:

<<Recipient Name>>
<<Recipient Address>>

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<< Date>>
Child Support Case Number: <<CSECase Number>>

I, <<NCPName>>, hereby waive my right set forth in section 409.2563, Florida Statutes, to contest the proposed administrative order in the above case at an administrative hearing. I am waiving this right to expedite the Department's administrative proceeding.

Under penalties of perjury, I declare that I have read this Waiver of Administrative Hearing for Expedited Administrative Proceedings and that the facts stated in it are true.

Print Full Name:_____

Signed:_____   Dated:_____

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