

# STATE OF ALASKA

## DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION

TONY KNOWLES, GOVERNOR

Please Reply To:

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907-269-6900  
800-478-3300 Toll Free in Alaska  
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### WITHDRAWAL FROM FORMAL HEARING

Date: \_\_\_\_\_

CSED 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\_\_.

\_\_\_\_\_  
Notary Public in and for Alaska  
My commission expires: \_\_\_\_\_

CSED 04-1916 (Rev11/92)

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