**WASHINGTON STATE**

**OFFICE OF ADMINISTRATIVE HEARINGS**

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| In the matter of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Custodial Parent, and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Non-Custodial Parent. | Docket No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NOTICE OF APPEARANCE** Agency: Department of Social and Health Services (DSHS)  |

TO: Office of Administrative Hearings; and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DCS Claims Officer

YOU AND EACH OF YOU WILL PLEASE TAKE NOTICE that \_\_\_\_\_\_\_\_\_\_\_\_ hereby enters \_\_\_\_\_\_\_\_ appearance in the above-entitled case as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_, and requests that any and all further pleadings, except original process, in the above-entitled case be served upon the said representative for \_\_\_\_\_\_\_\_\_\_\_\_ at the address below. Due to address confidentiality rules, I understand that DCS is responsible to forward a copy of this Notice to the other party.

DATED this \_\_\_day of \_\_\_\_\_\_, 20\_\_.

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I certify that I mailed a copy of this document, postage prepaid, to OAH and DCS. I certified under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, WA.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_