**WASHINGTON STATE**

**OFFICE OF ADMINISTRATIVE HEARINGS**

|  |  |
| --- | --- |
| 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, and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_

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.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I mailed a copy of this document, postage prepaid, to all parties or their counsel of record. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_