

Request for Review of National Medical Support Notice (NMSN)

To:

Office of the Attorney General
Medical Support Unit
P O BOX 1328
AUSTIN, TX 78767-1328

From:

Name:

Address:

Cause #:

OAG #:

Custodial Parent:

Telephone

Number: (800) 522-2421
Fax Number: (512) 279-1723

Child(ren):

**Telephone
Number:**

I, _____ (obligor / employee name),
contest the National Medical Support Notice (NMSN) sent to my employer,
_____ (name of employer),
on or about ____ / ____ / ____ (date), and request an administrative review based upon the
following mistake(s) of fact:

_____.

It has been within 30 calendar days from the date of the notice of issuance of the National Medical Support Notice.

I understand:

- I will receive notice of the date, time and place of the review within 10 days of the Office of the Attorney General (OAG) receiving this request;
- the review may be in person or over the telephone;
- my employer and I must comply with the terms of the NMSN during this review period;
- at the end of the review, which will be completed within 30 days of receipt of this request, the OAG may issue a revised NMSN, terminate the NMSN, or send me notice of a determination that the NMSN is proper and should remain in effect as previously issued; and
- if the OAG does not revise or terminate the NMSN, I may request a hearing with the court of continuing jurisdiction to resolve any issue in dispute.

Obligor / Employee Signature

_____/_____/_____
Date