

(TYPE OR PRINT IN BLACK INK)

STATE OF NORTH CAROLINA

County

Court File No.

IV-D Case No.

In The General Court Of Justice
District Court Division

Name Of Obligee

REQUEST FOR HEARING TO CONTEST LEVY
ON FINANCIAL INSTITUTION ACCOUNT(S)
FOR NON-PAYMENT OF COURT-ORDERED
CHILD SUPPORT

VERSUS

Name Of Obligor

G.S. 110-139.2

REQUEST FOR HEARING

I request a hearing before the District Court Judge for the purpose of contesting the levy on my financial institution account(s) to enforce a child support obligation. In support of this request, I show the following:

- 1. The county named above is the county in which a support order has been entered, directing me to pay child support.
2. I was served with a Notice Of Intent To Levy On Financial Institution Account(s) from the IV-D Agency on (date) , or am aware of the IV-D's intent to levy. I wish to request a hearing to contest the levy.
3. I contest the proposed levy on the following grounds:
a. The arrears obligation is an amount less than the amount of child support owed for six (6) months, or is an amount less than \$1,000, whichever is less.
b. I am not the person subject to the court order of child support.

Date

Signature Of Person Requesting Hearing

NOTE: Before filing this request, contact the office of the Clerk of Superior Court in the county where the child support order was entered. The Clerk will inform you of the next available court date and of what you must do to have your contest heard on that date. Enter the date, time and place of the hearing in the Notice Of Hearing below. Date and sign the Notice Of Hearing. Make a copy. Mail or deliver a copy to the IV-D Agency in the county where the child support order was entered, or to the IV-D Attorney. Complete the Certificate Of Service. File the fully completed original with the Clerk. You will need to come to court for a hearing on the date and time specified.

NOTICE OF HEARING

TO THE IV-D AGENCY

You are notified to appear at the date, time and location shown below for a Hearing To Contest Levy on Financial Institution Account(s).

Date Of Hearing

Time Of Hearing

AM PM

Signature Of Person Requesting Hearing

Place Of Hearing

Name Of Person Requesting Hearing (Type Or Print)

CERTIFICATE OF SERVICE

I certify that I served the above Request For Hearing And Notice by:

delivering a copy personally to:

Name Of Person With Whom Copy Left

depositing a copy in the United States mail in an envelope bearing proper postage and addressed as follows:

Name And Address

leaving a copy at the office of the attorney named below, with a partner or employee

Name Of Attorney

Party Represented

Person With Whom Copies Left

Date Of Service

Signature Of Person Who Served Request And Notice