

# DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Administrative Hearings  
109 Capital Street, #11 State House Station  
Augusta, ME 04333 (207)624-5350  
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## FAIR HEARING REPORT FORM

Date Form Prepared: \_\_\_\_\_

**CLIENT NAME:**

**CASE NUMBER:**

**ADDRESS:**

**DATE OF REQUEST FOR HEARING:**

**DEPARTMENT CONTACT PERSON:**

**TITLE:**

**ADDRESS:**

**TELEPHONE #**

**DHHS OFFICE WHERE THIS HEARING SHOULD BE HELD:**

**WHO WILL ATTEND FOR THE DEPARTMENT:**

**WHO WILL ATTEND FOR/WITH THE CLIENT (If you know):**

**DEPARTMENT ACTION WHICH CLIENT IS APPEALING:**

**REGULATION UNDER WHICH THE ACTION WAS TAKEN BY THE DEPARTMENT:**

**MANUAL TITLE:**

**CHAP.**

**SEC.**

**PG.**

**REASON FOR DEPARTMENT'S ACTION:**

For Office Use Only:

hoa: \_\_\_\_\_ hd: \_\_\_\_\_ /Place: \_\_\_\_\_ /Time: \_\_\_\_\_