

DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Administrative Hearings
Marquardt Building, #11 State House Station
Augusta, ME 04333 (207)287-3610
Facsimile (207)287-8448

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: _____