**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):**

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_