

**REQUEST FOR A FAIR HEARING**

Date: \_\_\_\_\_ 20 \_\_\_\_\_

Municipality: \_\_\_\_\_

To the General Assistance Administrator:

I would like a Fair Hearing to review the decision on my request for General Assistance.

The reasons(s) I want a hearing is/are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe that I am entitled to the following assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the hearing will be before one or more people who did not have any involvement in the decision on my request for assistance. I also understand that I have the right to be represented by an attorney (at my expense), to present witnesses and evidence on my behalf and to confront and cross-examine witnesses presented against me.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Name (Please Print)