

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 reason(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)