

Original to be sent to Claimant

Yellow copy for Administrator's file

NOTICE OF FAIR HEARING DECISION

Date: _____ 20 ____

Dear _____:

A Fair Hearing was held on _____ regarding your request for General Assistance.

1. ISSUE: _____

2. FINDINGS OF FACTS MADE AT HEARING:

3. DECISION BY FAIR HEARING AUTHORITY: It is the decision of the Fair Hearing Authority that you are _____ to receive General Assistance.

4. REASON(S) FOR DECISION: _____

5. STATE AND LOCAL LAW SUPPORTING DECISION: _____

By: _____
(Signature of Official reporting decision)

Fair Hearing Authority

Municipality

6. RIGHT OF JUDICIAL REVIEW: If you are dissatisfied with this decision you have a further legal right to judicial review under the Maine Rules of Civil Procedure, Rule 80B. To take advantage of this right you must file a petition for review with the Superior Court within 30 days of the receipt of the Fair Hearing decision (22 M.R.S.A. § 4322).