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:

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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:

Confront and cross-examine witnesses;

Present witnesses and written evidence on your behalf;

Be represented by an attorney (at your own expense) or other person.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(General Assistance Administrator)