

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).