

Update After Fair Hearing Data Entry Form

1. Identification

| | | | | |
|-----------|---------|-----------------|--------|--------|
| Appellant | Program | Case/Client No. | County | Region |
|-----------|---------|-----------------|--------|--------|

2. People Present for Fair Hearing

| NAME | CAPACITY |
|------|----------|
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|---------------------------------|---|---|
| 3. Principal Issue: (Code) ▶ | 4. Representation of Appellant (Code): ▶ | 5. Type of Hearing <input type="checkbox"/> Telephone <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Withdrawn/Dismissed |
|---------------------------------|---|---|

| | |
|---|--|
| 6. Nature of Request | |
| <input type="checkbox"/> P = Protest DHS Policy | <input type="checkbox"/> C = Challenge Fact or Judgement |

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|---|--|
| 7. Use of Interpreter? If Yes, what language? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ▶ | <input type="checkbox"/> ASL (American Sign Language) <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ |

8. Record of Action Taken

| | | |
|--|--|--|
| Date of Request | Date of Hearing | Place of Hearing |
| Nature of Decision (check one) | | |
| <input type="checkbox"/> Sustained | <input type="checkbox"/> Reversed-No Benefits Due | <input type="checkbox"/> Reversed-Benefits Due |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Withdrawn-In Favor of Appellant | <input type="checkbox"/> Withdrawn-No Change in Status |
| <input type="checkbox"/> Settled | <input type="checkbox"/> Dismissed | <input type="checkbox"/> Dismissed-Out of Jurisdiction |
| Date of Action from which Appeal is Made | Effective Date of Hearing Officer's Decision | Date Decision Mailed to Appellant |

9. Delay of Hearing Decision: Was hearing decision delayed?..... Yes No

If Yes, enter dates and appropriate delay codes below:

| | | | | | |
|--------------------------------|-----------------------------|------------|--------------------------------|-----------------------------|------------|
| A. Date Delay Began (mm/dd/yy) | Date Delay Ended (mm/dd/yy) | Delay Code | B. Date Delay Began (mm/dd/yy) | Date Delay Ended (mm/dd/yy) | Delay Code |
| | | | | | |

If code "C" was used, explain:

Name of Hearing Officer

Date