REQUEST FOR HEARING

ND DEPARTMENT OF HUMAN SERVICES
LEGAL SERVICES
SFN 162 (5-2011)

Clear Fields

This process is available to appeal an adverse determination made by the Department of Human Services.

I am appealing a decision made by:

Program Name

APPEAL OF:

Name		Telephone Number	
Address	City	State	ZIP Code

STEP 1: ATTACH THE NOTICE THAT YOU ARE CONTESTING.

STEP 2: EXPLAIN THE ERROR THAT YOU CLAIM WAS MADE. Attach additional sheets if needed.

STEP 3: FOR RECIPIENTS APPEALING SNAP BENEFITS:

☐ **I want to continue receiving SNAP benefits at the previous benefit level.**

I understand that I may continue to receive benefits pending the outcome of the fair hearing. However, if the fair hearing official's decision is not in my favor, all adult members in my household will be held liable for any overissuances received while awaiting the outcome of the fair hearing. Applicants who are denied benefits at initial certification or because of the expiration of their certification may appeal the denial, but cannot receive benefits while awaiting the outcome of the hearing.

☐ **I do not want to continue receiving SNAP benefits at the previous benefit level.**

STEP 4: Complete this part only if you will have someone such as an attorney, relative or other person of your choosing, assist you in your appeal.

I Authorize the Person Named Below to Assist Me in My Appeal:

Name		Telephone Number	
Address	City	State	ZIP Code

STEP 5: SIGN AND DATE:

Signature	Date

STEP 6: Please send Request for Hearing to Department of Human Services, Appeals Supervisor, 600 E. Boulevard Ave., Dept. 325, Bismarck, ND 58505, or deliver to your local County Social Services Office.