



State of Utah  
Department of Workforce Services & Department of Health  
**HEARING RIGHTS and REQUEST FOR HEARING**

PLEASE USE A  
BLACK BALL POINT  
PEN TO COMPLETE  
FORM

You have the right to a hearing before an impartial Administrative Law Judge if the Department of Workforce Services or Department of Health has taken any action with which you disagree.

**DEADLINE FOR MAKING A REQUEST FOR HEARING:** A hearing will not be granted unless you request it within:

- (1) 90 days of the date of the notice with which you disagree or within the certification period for Food Stamps and Financial Assistance; or
- (2) 90 days of the date of the notice of the action with which you disagree for Medicaid.

**HOW TO REQUEST A HEARING:**

- (1) For hearings that concern **Food Stamps, Financial Assistance, Child Care, General Assistance, Training** or any other public assistance program administered by the Department of Workforce Services, complete the bottom of this form and mail it to: Department of Workforce Services – Fair Hearings, PO Box 143245, Salt Lake City, UT 84114-3245; fax, toll free to: 877-824-6534; or deliver to any Department of Workforce Services Employment Center. You may also make a verbal request for a hearing by calling, toll free to: 877-837-3247.
- (2) For hearings that deal with a **medical program only**, a request *must* be submitted in writing and mailed to: Department of Workforce Services – Fair Hearings, PO Box 143245, Salt Lake City, UT 84114-3245; fax, toll free to: 877-824-6534; or deliver to any Department of Workforce Services Employment Center.

**LEGAL ASSISTANCE OR OTHER HELP:** You have the right to bring an attorney or any other person to the hearing. You may also be entitled to free legal assistance from Utah Legal Services. Their telephone numbers are: Salt Lake - (801) 328-8891; Ogden - (801) 394-9431; or toll free at 1-800-662-2538. You may also receive a referral for legal advice from the Salt Lake Lawyer Referral Service at (801) 531-9075. The Department of Workforce Services cannot assist you by finding or providing you with an attorney. If you have an attorney, the Department is not responsible for and will not pay the attorney fees.

**CONTINUED BENEFITS:** Some types of assistance can be continued pending a hearing **if the request for continued benefits is made within 10 days of the date of the notice with which you disagree.** This does not apply to Child Care, General Assistance or the Working Towards Employment program. There are some exceptions to the continuance of benefits. Contact your local office for the rule regarding your specific case. If the hearing decision supports the Department's action and you are not successful in any further appeal of that decision, you may have an overpayment if you received continued assistance. You will have to pay back any overpayment and the Department of Workforce Services will seek to collect any amounts paid to you or on your behalf. For Medicaid that will include the premium payments to the HMO, if applicable, and premium payments to the mental health provider, even if you did not receive medical or mental health services. Any other medical services received on a fee-for-service basis will also be subject to recovery. **Do you want your benefits continued?**

- I want my benefits continued.
- I do not want my benefits continued.

An agency conference may be another way to resolve this disagreement but in no way will an agency conference delay or replace your right to a hearing. An agency conference is a meeting between you and Department personnel. Please contact your employment center directly if you would like to set up an agency conference. However, please note that assistance can only be continued when you request a hearing. **Do you want a hearing before an Administrative Law Judge?**

- YES, I WANT TO REQUEST A HEARING.**

Complete this part **ONLY** if you want to request a hearing.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ PACMIS Case #: \_\_\_\_\_

I am making this request for a hearing because (include program): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I will be represented by** the following attorney or other individual: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Equal Opportunity Employer Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

