



Request for Formal Hearing

Form 3646
August 2012

Reference No.

Name of Facility/Agency		License No.	ID No.	Survey Exit Date
Address (Street or P.O. Box, City, State, ZIP)				
Name of License Holder		Facility/Agency Type		

I request a formal hearing on:

- Certification of Noncompliance for Nursing Facilities**—Enter the proposed Termination/Decertification Date:..... { _____
- Proposal to Deny, Revoke or Suspend Facility/Agency License**
- Administrative Penalty(ies)**
- Termination of Certification for ICF/IID**—Enter the proposed Termination/Decertification Date: { _____

Briefly state the basis for contending that the department's action is incorrect:

Submit form to:
Fairy Davenport Rutland, Director
HHSC Appeals Division
P.O. Box 149030, MC W-613
Austin, TX 78714-9030
Fax: 512-231-5779
Telephone: 512-231-5701

Signature—Authorized Representative

Date

Name (please type or print)	Title	Area Code and Telephone No.	Fax Area Code and Telephone No.
Address			

Instructions

The form must be completed accurately, signed and submitted by an authorized representative of your facility within the required time frames indicated above. Upon timely receipt of your request for a formal hearing, you will be notified of the hearing date.