



## Update After Fair Hearing Data Entry Form

### 1. Identification

Appellant	Program	Case/Client No.	County	Region
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### 2. People Present for Fair Hearing

NAME	CAPACITY

3. Principal Issue: (Code) <span style="float: right;">▶</span>	4. Representation of Appellant (Code): <span style="float: right;">▶</span>	5. Type of Hearing <input type="checkbox"/> Telephone <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Withdrawn/Dismissed
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6. Nature of Request	
<input type="checkbox"/> P = Protest DHS Policy	<input type="checkbox"/> C = Challenge Fact or Judgement

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 Withdrawn-In Favor of Appellant	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 Withdrawn-No Change in Status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