

**Substance Use Disorder
Ability to Pay Administrative Hearing Notice**

In the Matter of _____

Case #: _____

NOTICE OF ABILITY TO PAY ADMINISTRATIVE HEARING

TO: _____

Please be advised that pursuant to the Michigan Public Health Code an Administrative Hearing has been scheduled to review the issues involved in a Financial Liability New Determination Appeal.

The hearing is scheduled for:

Date: _____

Hour: _____

Location: _____

As an alternative to appearing at the hearing, you may participate by telephone. If you elect a telephone please fill out and return the enclosed Request for Hearing by Telephone form.

It is suggested that appellant bring to the hearing any relevant documentation such as tax returns, pay stubs, and repair estimates that will tend to support appellant's position.

Failure to appear for the hearing will result in a decision being made upon information available at the close of the hearing.

The Region 10's Hearing Officer's decision may be appealed to the Probate Court of the individual's County of Residence.