

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

Name: \_\_\_\_\_ Case #: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party Name and Address: \_\_\_\_\_

This notice was given/mailed to \_\_\_\_\_ on \_\_\_\_\_  
and the notice was copied for the case record and Finance Office.

*Specifically, the action taken is described below.*

As a result of Administrative Hearing, your ability to pay has been re-determined in the amount of \$ \_\_\_\_\_, per \_\_\_\_\_ effective \_\_\_\_\_.

*If you do not agree with your assessed ability to pay or the assessed ability to pay creates an undue financial burden you may appeal to your local Probate Court:*

Genesee County Probate Court  
900 South Saginaw Street  
Flint, MI 48502  
Phone: (810) 257-3528

Sanilac County Probate Court  
60 West Sanilac  
Sandusky, MI 48471  
(810) 648-3221

Lapeer County Probate Court  
255 Clay Street  
Lapeer, MI 48446  
Phone: (810) 667-0261

St. Clair County Probate Court  
201 McMorran Blvd.  
Port Huron, MI 48060  
Phone: (810) 985-2066

Region 10 Hearing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Case Record  
Region 10 SUD Director