

INFORMAL HEARING DECISION

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

Hearing Officer: \_\_\_\_\_

Time: \_\_\_\_\_

DCA Representatives: \_\_\_\_\_

Witness(e)s: \_\_\_\_\_

\_\_\_\_\_

Participant's Name: \_\_\_\_\_

Voucher # \_\_\_\_\_

Participant Termination Notice mailed to: \_\_\_\_\_

\_\_\_\_\_

|  |
|--|
|  |
|--|

Evidence:

DCA Evidence:

Participant Evidence:

Findings of Fact & Conclusions:

\_\_\_\_ Overturned    \_\_\_\_ Upheld

Hearing Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_