

Form S

WELFARE DEPARTMENT
City of Berlin, N.H.
FAIR HEARING NOTICE

(Date)

NAME: _____ ADDRESS:

Your request for a Fair Hearing to review a decision of this Department concerning your claim for assistance has been received.

Your Hearing has been scheduled as follows:

TIME: _____

DATE: _____

PLACE: _____

1. If you are unavailable for the time set for the hearing because of a valid reason that can be verified, please advise this office immediately.
2. The hearing shall be:
 - a. Before an impartial, higher authority, not involved in the initial decision regarding your application.
 - b. You have the right to:
 - 1) Confront and cross-examine witnesses against you.
 - 2) Present witnesses in your own behalf.
 - 3) Be represented by counsel or other spokesman. If you are eligible, Legal Assistance can offer you free representation.
3. The decision at the hearing will be based on the evidence presented at the hearing.
4. You will be advised of the decision and the reasons for it by the Fair Hearing Committee in writing.

Welfare Official