

# Maryland SUN Bucks FAIR HEARING REQUEST

Fill out this form **ONLY** if you disagree with a decision made by the Department of Human Services regarding your Maryland SUN Bucks benefits. If you disagree with the decision, you are entitled to discuss it with a supervisor. We will help you fill out this form or you can ask for a hearing by calling 1-800-332-6347 and selecting the Maryland SUN Bucks option. Complete boxes 1-3 below. Please print clearly.

## 1. Tell us who you are.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Your Local Office: \_\_\_\_\_

## 2. What are the reasons you want a hearing?

- I was not allowed to apply.
- My application was turned down.
- My application was not handled properly.
- I am not receiving the services I need.
- The amount of assistance I receive is wrong.

If you received a notice about this benefit, what is the date on the notice? \_\_\_\_\_

Do you give consent to electronic delivery of your hearing notice to the email address provided?

- Yes
- No

Why do you want a hearing? Please tell us what happened. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 3. Signature

\_\_\_\_\_  
Sign \_\_\_\_\_ Date \_\_\_\_\_

### FOR AGENCY USE ONLY

Local Office: \_\_\_\_\_ Date Appeal Received: \_\_\_\_\_ Case Name: \_\_\_\_\_

Conference Held: Yes \_\_\_\_ No \_\_\_\_

Worker Name: \_\_\_\_\_ Supervisor's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR APPEAL UNIT USE ONLY

Appeal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Category: \_\_\_\_\_ Transmitted By: \_\_\_\_\_

## Maryland SUN Bucks FAIR HEARING REQUEST

### How do I request a hearing?

- **Fill out the form** on the front of this page.
  - **Mail, Email, Fax, or take the form** to your local Department of Social Services
  - **Mail the form to:**
    - Office of Administrative Hearings
    - 11101 Gilroy Rd.
    - Hunt Valley, MD 21031-1301
- **If you don't want to fill out the form or would like help with the form,**
  - Go to your local Department of Social Services. A team member will help you.
  - Call 1-800-332-6347 and select the SUN Bucks option for other information.

### How long do I have to request a hearing?

You may file an appeal and request a hearing up to 90 days from August 31, 2024.

### When and where will the hearing be?

The Office of Administrative Hearings will send you a notice that explains the time and place of your hearing.

### Do I have to come to the hearing?

The hearing may be dismissed if you do not show up. If you can't attend, call the Office of Administrative Hearings and they will let you know how to reschedule your hearing.

### Can I bring someone to help me or speak for me?

You can bring a lawyer, friend, or relative. If you want free legal help, call your local Department of Social Services office or call Legal Aid at 1-800-999-8904.

### How can I prepare for the hearing?

We will send you information with the reasons for the case decision at least 6 days before the hearing. We are happy to talk to you about this decision at any time before your hearing. Call your local Department of Social Services to make an appointment with a supervisor.