

St. Clair County Community Mental Health Authority

**Request for Ability to Pay**

**Administrative Hearing by Phone**

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I hereby request that I be allowed to present evidence via phone at the Ability to Pay Administrative Hearing to be held on \_\_\_\_\_.

In the Matter of \_\_\_\_\_

Case #: \_\_\_\_\_

\_\_\_\_\_  
Individual Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer Signature

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED FORM TO:**  
**St. Clair County Community Mental Health Authority**  
**3111 Electric Ave.**  
**Port Huron, MI 48060**