St. Clair County Community Mental Health Authority

Request for Ability to Pay Administrative Hearing by Phone

I hereby request that I be allowed to present evidence vi	a 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

Clinical Form: #03-0012 Reviewed Date: 9/1/2023

Policy Ref: #03-002-0025, #07-003-0025, #07-003-0030

EHR: Administrative/Financial, Fee Determination/Payment Agreements, Ability to Pay Hearing Notice