## St. Clair County Community Mental Health Authority

## **Administrative Hearing - Notice of Hearing**

3111 Electric Avenue Port Huron, MI 48060

In the Matter of:	Case #:
FEE DETERMINATION EFFECTIVE DATE:	
NOTICE OF HEARING	
TO:	
Please be advised that pursuant to the Rules of the DCH Adminis scheduled to review the issues involved in a Financial Liability Ne	
The hearing is scheduled for:	
Date:	
Location:	
As an alternative to appearing at the hearing, you may present to other time. If you elect to present testimony by telephone, pleaby Telephone form. It shall be within the Presiding Officer's discrewhether testimony may be given by phone. If the hearing is by telephone officer and to the opposing party prior to the hearing the Presiding Officer and to the opposing party prior.	se fill out and return the enclosed Request for Hearings etion, upon review of the completed form, to determine ephone, hearing documentation should be submitted to
It is suggested that appellant bring to the hearing any relevant deestimates that will tend to support appellant's position.	ocumentation such as tax returns, pay stubs, and repair
Failure to appear for the hearing will result in a decision being mad	de upon information available at the close of the hearing.
The Presiding Officer's decision may be appealed to the Probate (	Court of the County in which you reside.
St. Clair (	County Community Mental Health Authority
	Presiding Officer Signature
Date:	

Clinical Form: #03-0014 Revised Date: 2/1/2024

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