

St. Clair County Community Mental Health Authority

Notice of Outcome of Ability to Pay

Administrative Hearing

Individual: _____ Case #: _____ Date: _____

Responsible Party Name and Address: _____

This notice was given/mailed to _____ on _____ and the notice was copied for the electronic health record and Finance Department.

Specifically, the action taken is described below.

As a result of Administrative Hearing, the ability to pay has been redetermined in the amount of \$_____, per _____ effective _____.

If you do not agree with your assessed ability to pay or the assessed ability to pay creates an undue financial burden you may appeal to your local Probate Court:

*St. Clair County Probate Court
201 McMorran Blvd.
Port Huron, MI 48060
Probate Court-Adult: (810) 985-2066*

Hearing Officer Signature: _____

Date: _____

Cc: E.H.R.
CMH Program Director
Finance Department