

# LOCAL AGENCY FAIR HEARING REQUEST

Mail this request to:

My name is: \_\_\_\_\_

Telephone/Message phone: \_\_\_\_\_

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

\_\_\_\_\_

I go to this WIC clinic: \_\_\_\_\_

I want a fair hearing because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

An interpreter can help you if you do not speak or understand English well or if you are hearing impaired. This service is free of charge.

**Please mark all that apply:**

- I do not speak or understand English well and would like an interpreter.
  - I speak \_\_\_\_\_
  
- I plan to bring a witness who does not speak or understand English well. I would like an
  - Interpreter for my witness.
  - The witness speaks \_\_\_\_\_
  
- I am hearing impaired and would like an interpreter.
  
- I plan to bring a helper who is hearing impaired and would like an interpreter for my
  - Helper.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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