

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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