

St. Clair County Community Mental Health
Request for Ability to Pay
Administrative Hearing by Phone

I hereby request that I be allowed to present evidence via 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
3111 Electric Avenue
Port Huron, MI 48060