## 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 v		ng to be
held on	•	
In the Matter of	Case #:	<u></u>
Individual Responsible Party Signature	Date	
Preparer Signature	 	

PLEASE RETURN COMPLETED FORM TO: St. Clair County Community Mental Health **3111 Electric Avenue** 

Port Huron, MI 48060

Clinical Form: #03-0012

Reviewed Date: 9/1/2023
Policy Ref: #07-003-0025, #07-003-0030
EHR: Administrative/Financial, Fee Determination/Payment Agreements, Ability to Pay Hearing Notice