

St. Clair County Community Mental Health Authority  
**Ability to Pay Administrative Hearing Notice**

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In the Matter of: \_\_\_\_\_ Case #: \_\_\_\_\_ Fee Determination Date: \_\_\_\_\_

NOTICE OF ABILITY TO PAY ADMINISTRATIVE HEARING

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised that pursuant to the Michigan Mental Health Code, Section 834b, an Administrative Hearing has been scheduled to review the issues involved in a Financial Liability New Determination Appeal.

The hearing is scheduled for:

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

Hour: \_\_\_\_\_

Location: \_\_\_\_\_

As an alternative to appearing at the hearing, you may participate by phone. If you elect a phone hearing please fill out and return the enclosed Request for Hearing by Phone form (Form 03-0012).

It is suggested that appellant bring to the hearing any relevant documentation such as II earned and unearned income, liquid assets, medical expenses, court ordered payments, student loans and additional tax obligations.

Failure to appear for the hearing will result in a decision being made upon information available at the close of the hearing.

The Hearing Officer's decision may be appealed to the St. Clair County Probate Court.

St. Clair County Community Mental Health Authority

\_\_\_\_\_  
Hearing Officer Signature

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

Enclosure: Request for Hearing by Phone Form