



State of Illinois
 Department of Human Services - Division of Rehabilitation Services
REQUEST FOR HEARING

Check Only Those That Apply:

- My disability is deafness or hard of hearing and I will need: **(Check One)**
 - Sign language interpreter
 - Tactile interpreter
 - Video-phone conference
 - CART services
- My disability is blindness or visual impairment and I will need: **(Check One)**
 - audiotape or disc
 - all materials provided in large print
 - all materials provided in Braille
 - a reader to assist in my preparation for the hearing
- My language preference is _____ rather than English. I will need an interpreter to participate in the hearing. **(Please fill in your normally spoken language.)**
- I am unable to attend the hearing in the local DHS-DRS office due to my disability. I am requesting to participate in the hearing by telephone.
- I have chosen to be represented by the following person or organization in this appeal: (PLEASE PRINT)

Name/Organization: _____
 Address: _____
 City/State/Zip Code: _____
 Telephone with area code: _____ Alternate telephone with area code: _____

NOTE: If this form is not signed by the customer or by the designated representative, the request for hearing will be denied. If signed by the designated representative, attach the written authorization signed by the customer to request a hearing on behalf of the customer

• **Sign your name or Make your mark** Customer: _____ Date: _____

• **If you have made your mark (x) instead of signing your name, two witnesses must sign here**

Signature of Witness: _____ Date: _____

Signature of Witness: _____ Date: _____

• _____
 Representative or legal guardian of adult 18 years of age or older Relationship to customer

• **Parent or guardian signature is required if customer is 17 years of age or younger.**

 Signature of Parent or Guardian Date I am the parent or guardian of:

Please mail this form to the Bureau of Administrative Hearings, **with the notice you received**, if any, informing you of the decision you are appealing. You may send a copy of your appeal to the local field office listed below.

Illinois Department of Human Services cc: Local Field Office
 Bureau of Administrative Hearings
 69 W Washington , 4th Floor
 Chicago , Il 60602