

744 P Street
Sacramento 95814
800-952-5253

Case No. _____

District Office _____

Case Worker _____

Social Security # _____

**Request for State Hearing
Before the
State Department of Social Services**

The Welfare and Institutions Code requires that a request for a state hearing before the State Department of Social Services shall be made within 90 days after the action with which the applicant or recipient is dissatisfied (Section 10951).

I, _____ living at
(Name)

(Address)

Home _____ Work _____
(Phone)

hereby request a state hearing before the State Department of Social Services from the action taken by _____

_____ County regarding my application

for or receipt of _____
(Assistance Program)

The reasons for my request for a state hearing are as follows: _____

Signed _____ on _____
(Date)