

NORTH CAROLINA DIVISION OF SOCIAL SERVICES

Report of Erroneous Issuance

1. NAME _____

Date of Discovery: _____

2. ADDRESS _____

Referral Date: _____

CNDS ID#: _____

Social Security #: _____

PI Investigation Case#: _____

FNS Status: _____ Active _____ Inactive

3. CATEGORY OF CLAIM

_____ Undetermined – Pending Administrative Hearing

_____ Undetermined – Pending Court Action

_____ AE – Administrative Error

_____ IHE – Inadvertent Household Error

_____ IPV – Intentional Program Violation

4. METHOD FOR ESTABLISHING IPV CLAIM

_____ – Court of Appeals Date: _____

_____ – DQ Consent Agreement Date: _____

_____ – District Court Date: _____

_____ – Superior Court Date: _____

_____ – Administrative Hearing Date: _____

_____ – Waiver of Hearing Date: _____

5. PERIOD OF ERRONEOUS ISSUANCE

From: _____ To: _____
(MM/YY) (MM/YY)

From: _____ To: _____
(MM/YY) (MM/YY)

From: _____ To: _____
(MM/YY) (MM/YY)

From: _____ To: _____
(MM/YY) (MM/YY)

From: _____ To: _____
(MM/YY) (MM/YY)

From: _____ To: _____
(MM/YY) (MM/YY)

6. SUMMARY OF CIRCUMSTANCES

