

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services
ADVANCE NOTICE OF DISQUALIFICATION HEARING**

Local Agency : _____
DATE: _____
CASE NO: _____
FOOD AND NUTRITION SERVICES: _____
WORK FIRST: _____
(check appropriate programs)

Name: _____
Address: _____

We have reason to believe you may have committed an Intentional Program Violation because _____

A HEARING has been scheduled to examine the facts of your case. The hearing will be at:

TIME: _____

DATE: _____

PLACE: _____

If the hearing finds that you have committed an Intentional Program Violation, you will not get

FOOD AND NUTRITION SERVICES (FNS) for
_____ 12 months because it is your first violation
_____ 24 months because it is your second violation
_____ Permanently because it is your third violation
_____ 10 years for misrepresenting identity or residence
in order to receive multiple benefits in more than 1
county or state

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Therefore, it is important that you come to the hearing. Upon receipt of this notice, please call the County Department of Social Services at least **10 days in advance** from the date of the scheduled hearing to receive a new hearing. If you do not attend the hearing, a decision will be based on information provided by the County Department of Social Services.

If you do not want to have a hearing, you can sign a waiver of your right to a hearing. If you sign the waiver, you will still have to pay back the value of the benefits your household was not eligible to receive.

The hearing does not preclude the State or Federal government from prosecuting you for the IPV in a civil or criminal court action, or from collecting any overissuance(s).

You will also be disqualified from _____ Food and Nutrition Services for _____ months.

You will also be disqualified from the _____ Work First program for _____ months.

If you have any questions, call your County Department of Social Services at _____.

Free legal advice is available at the Legal Services office serving this area. The number is _____.

Signature of County Representative _____

(Summary of the evidence on the backside of this form)

YOU HAVE THE RIGHT TO:

1. Look at the evidence that will be used at the hearing, both before and during the hearing. Please call your County Department of Social Services if you wish to look at the evidence before the hearing.
2. Present your own case or have someone present your case for you, such as a lawyer, a friend, relative, or a community worker. Bring your own witnesses
3. Advance arguments without undue interference
4. Submit any evidence you may have that would support your case. Question any statement or evidence made against you, including the opportunity to confront and cross examine adverse witnesses.
5. Sign a waiver stating you do not wish to have a hearing, and
6. Obtain a copy of the hearing procedures.

SUMMARY OF EVIDENCE

(Check which apply)

- Employment Verification/Wages
- Unearned Income
- USDA Charge Letter (Retail Trafficking)
- Social Media Printouts
- EBT Transactions
- School Verification
- Landlord Verification
- NC DMV Records
- Secretary of State Records
- Tax Records
- Register of Deeds Records
- Store Video
- Store Receipts
- Police Report
- FNS Applications/Recertifications
- Other Program Applications/Recertifications
- Criminal History
- Out of State Verification Records
- Map of FNS Retail Stores

Other: _____

