

To Miranda Benedict, Esq., Maine DHHS Acting Chief Administrative Hearing Officer:

I, _____,
(print name)
request a delay in scheduling my appeal hearing until
after the court case is resolved.

My address is: _____
Street (Apt. #) Town Zip Code

My ID# or Social Security Number is: _____

Signature

Date

You can:

Mail this form to:
Maine Department of Health and Human Services
Administrative Hearings
11 State House Station
221 State Street
Augusta, Maine 04333-0011

Or Fax it to DHHS Administrative Hearings at (207) 287-8448