

Massachusetts Refugee Resettlement Program (MRRP)

NOTICE OF REQUEST FOR A FAIR HEARING

Your Right to Appeal

If you disagree with any adverse action, proposed action or failure to act by the Case Management Agency, (CMA), or the Office for Refugees and Immigrants, (ORI), you have the right to appeal and receive a fair hearing before an impartial hearing officer. Your request for a fair hearing must be postmarked or delivered to ORI or to your Case Management Agency within 45 days from the date of this notice.

How to Appeal

If you wish to request a fair hearing, send this notice, with the bottom section completed, to the Massachusetts Office for Refugees and Immigrants, 18 Tremont Street, Suite 600, Boston, Massachusetts 02108, Attention: Request for Fair Hearing; or FAX to (617) 727-1822. Please keep a copy for your own records. You may also give your request to your case manager, who will forward it to ORI.

If You are Currently Receiving Assistance, Please Read This Block

You may continue to receive assistance until a decision is made on your appeal, if your request for a fair hearing is postmarked or delivered to ORI or to your Case Management Agency within 10 calendar days from the date of this notice. If you receive assistance during your appeal, but lose your appeal, ORI can recover the amount you were overpaid. If you do not wish to continue to receive assistance during your appeal, please check Box A below. If you do not receive benefits during your appeal, and you win your appeal, ORI will promptly correct any underpayment.

You will be notified by mail at least 10 days prior to the fair hearing of the date, time and place of the hearing. If you wish to have a fair hearing scheduled sooner, please check Box B below. If you need to reschedule the hearing, please contact the Office for Refugees and Immigrants at (617) 727-7888, as soon as possible, before the hearing. Failure to appear at the fair hearing without good cause may result in the dismissal of your appeal.

Your Right To Be Assisted At The Hearing

At the hearing, you may speak for yourself or be represented by a lawyer, friend, or other spokesperson, if they have your written authorization to do so. Legal counsel will be at your own expense. You may wish to contact a local legal services office or community agency that may provide advice or representation at no cost. Please ask your case manager for more information.

You may bring your own interpreter to the hearing, at your expense. If you want ORI to provide an interpreter for you at the hearing, at no expense to you, please check Box C below.

If you need assistance because of a sensory, manual or speaking impairment, or an interpreter because you are deaf or hearing impaired, please check Box D below.

I, _____, hereby request a fair hearing before a hearing officer, for the following reason(s):

Name: _____
Address: _____
Telephone: () _____

SSN: _____
City, ZIP: _____

Signature: _____

Date: _____

My authorized representative is:

Name: _____
Address: _____
Telephone: () _____

Title: _____
City, ZIP: _____

- A) I do not wish to continue receiving the disputed amount of assistance during the appeal process.
 B) I request an expedited hearing.
 C) I request an interpreter in _____ language.
 D) I request the following auxiliary aid(s):
