Kansas Office of Administrative Hearings

Food Assistance - Administrative Hearing Request

Complete this form ONLY if you want to request an administrative hearing of a decision made on a food assistance benefit (food stamps) case or application.

You may submit this form online by filling it out completely and clicking on the "Submit" button at the end of the form.

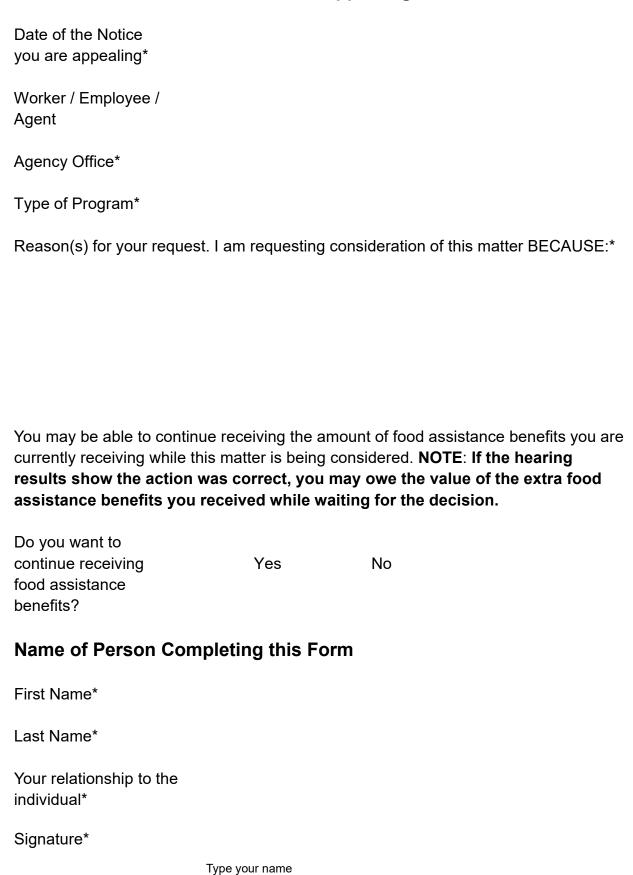
Today's Date*		
Information about	Individual Requesting	
First Name*		
Last Name*		
Mailing Address *	Street Address	
	Address Line 2	
	City	State / Province / Region
	Postal / Zip Code	Country
Phone Number		
Fax Number		
Email Address		

Representative / Attorney

Name address, and telephone number of your Representative or Attorney, if you have one. Attorney representation Is NOT REQUIRED. We will send information on your case to your representative or attorney if you complete this section.

First Name		
Last Name		
Mailing Address	Street Address	
	Address Line 2	
	City	State / Province / Region
	Postal / Zip Code	Country
Phone Number		
Fax Number		
Email Address		

Information about Notice or Action appealing



^{*} Indicates a required field