

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

COUNTY: \_\_\_\_\_  
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 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 \_\_\_\_\_

**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.