

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Division of Social Services**  
**ADVANCE NOTICE OF DISQUALIFICATION HEARING (Figure 1)**

County: \_\_\_\_\_  
Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Food Stamps: \_\_\_\_\_  
Work First: \_\_\_\_\_  
(check appropriate programs)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 held at:

TIME: \_\_\_\_\_

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

If the hearing finds that you have committed an Intentional Program Violation, you will not get	
FOOD STAMPS for	WORK FIRST for
<input type="checkbox"/> 12 months because it is your first violation	<input type="checkbox"/> 12 months because it is your first violation
<input type="checkbox"/> 24 months because it is your second violation	<input type="checkbox"/> 24 months because it is your second violation
<input type="checkbox"/> Permanently because it is your third violation	<input type="checkbox"/> Permanently because it is your third violation

Therefore, it is important that you be at the hearing. If you are not there, a decision will be based on information provided by the County Department of Social Services. Please call the County Department of Social Services if you cannot be at the hearing for a good reason, and we will try to get the date changed.

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.

You will also be disqualified from the \_\_\_ Food Stamp program for the months of \_\_\_\_\_ through \_\_\_\_\_.

You will also be disqualified from the \_\_\_ Work First program for the months of \_\_\_\_\_ through \_\_\_\_\_.

If you have any questions, call the 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/State 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 the 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.
3. Bring your own witnesses.
4. Argue your case freely.
5. Question any statement or evidence made against you, and bring evidence that would support your case.
6. Bring any evidence you may have that would support your case.
7. Sign a waiver stating you do not wish to have a hearing.
8. Obtain a copy of the hearing procedures.