NORTH CAROLINA
_____County Department of Social Services

LOCAL HEARING SUMMARY

DATE: _____

1. Case Name: **Program**

2. Hearing Officer **Case Number**

3. Persons Present:

4. Issue(s):

5. Manual Reference(s):

6. Notices, Documents, and Exhibits Attached:

7. The county stated its evidence would show, in summary, the following facts:

8. The client stated his evidence would show, in summary, the following facts:

Figure 264-5

WITNESS SHEET

Name of Witness

Speaking on behalf of _____, this witness said in substance:

Upon questioning by the _____, this witness said in substance:

Upon questioning by the hearing officer, this witness said in substance: