

ATTACHMENT B2

SAMPLE LOCAL NOTICE OF HEARING

NOTICE OF HEARING

Complainant Name
Complainant Address
City, State Zip Code

Complainant: [name]
Respondent(s): [name], [title]

Hearing Officer: [name], [title]

A hearing is now scheduled:

Location:

Date:

Time:

You will be met in the main lobby of the building at [time] the day of the hearing.

Please Note: If you would like to request a telephone hearing, please email [hearing officer name] at XXX or contact at [telephone #] **by [date]** to coordinate a call in number.

The issue to be heard is whether:

- [issue]

If you have any additional documentation you wish to submit for review, please forward to [hearing officer name] at above email address. You may also notify any representatives and/or witnesses that you wish to have present.

This is an Administrative Hearing; the rules of evidence do not apply. However, you have the right to be represented at the hearing by a representative you choose, at your cost. All parties have the right to hear the entire testimony and evidence produced against them; to know the claims or charges against them.

The Hearing Officer may enter a default judgment granting the relief requested against any party who, without just cause, does not appear and argue their case at the scheduled time and place.

Applicable appeal rights and the procedures for doing so will accompany the decision.

Parking: You will find it most convenient to park at [place]. **Directions are enclosed.**