

At the hearing, you have the chance to explain to the judge why you think the order from DHS is wrong. It is a good idea to make notes before the hearing about what you want to say to the judge. Take the notes with you. Remember you will only have a short amount of time to explain your position. Be brief and to the point.

### **What if I lose in District Court?**

After the hearing, the District Court will mail you a copy of the judge's decision. If you don't agree with this decision, you can appeal to the Minnesota Court of Appeals. Talk to a lawyer about the process for this appeal. There is a deadline for filing an appeal so it is important that you talk to a lawyer right away.



***Fact Sheets are legal information NOT legal advice. See a lawyer for advice.***

*Don't use this fact sheet if it is more than 1 year old. Ask us for updates, a fact sheet list, or alternate formats.*

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STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL DISTRICT

\_\_\_\_\_  
Appellant (*write your name here*)

CASE TYPE: OTHER CIVIL  
Appeal from Administrative Agency

Vs.

NOTICE OF APPEAL AND  
DEMAND FOR TRANSCRIPT AND  
REQUEST FOR HEARING

State of Minnesota, Department of Human Services  
AND (*write name of County where you were denied or were receiving assistance*) \_\_\_\_\_  
\_\_\_\_\_ County Social/Human Services Agency

OR (*name of Health Plan if it denied your services*)

Other: \_\_\_\_\_, the Respondents

1. I had a hearing before a Department of Human Services hearing officer on \_\_\_\_\_ (month, day, year).
2. After the hearing, an order was mailed to me. This written order is dated: \_\_\_\_\_. The Department of Human Services Docket number on the order is: \_\_\_\_\_.
3.  I did not submit a request for reconsideration (reconsideration is optional).

OR

- On \_\_\_\_\_ (date) I asked the Department of Human Services to reconsider its order. An order on my request for reconsideration was mailed to me. The reconsideration order is dated: \_\_\_\_\_. *See Minn. Stat. § 256.045, Subd. 5.*
4. I disagree with this order. I am appealing the order to District Court and there is no court filing fee. See Minn. Stat. § 256.045, Subd.7.



**DEMAND FOR TRANSCRIPT:** I am asking the Commissioner of Human Services to provide me, the District Court and all other parties with a transcript of any testimony from the hearing, and copies of any other papers or evidence from the hearing, without charge to me.

**REQUEST FOR HEARING:**

I am asking the court to schedule a hearing no sooner than 30 days **after** the court receives the transcript, so I can come to court and tell the judge why I disagree with the decision. I also ask the court to send the parties a notice of the time and date of the hearing.

OR

I am not asking for a hearing. I want the Court to make a decision based on the transcript, this Notice and the other evidence of record from the hearing.

**VERIFICATION AND ACKNOWLEDGEMENTS**

- a. I have read this document. To the best of my knowledge, information and belief the information contained in this document is well grounded in fact and is warranted by existing law.
- b. I have not been determined by any Court in Minnesota or in any other State to be a frivolous litigant and I am not the subject of an Order precluding me from serving or filing this document.
- c. I am not serving or filing this document for any improper purpose, such as to harass the other party or to cause delay or needless increase in the cost of litigation or to commit a fraud on the Court.

DATE:     /     /     \_\_\_\_\_  
          month    day    year

\_\_\_\_\_  
Appellant's Signature (*sign your name here*)

Appellant's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip code: \_\_\_\_\_