

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.

- The order should be reversed, changed, or sent back to the agency for further action because *(describe why you think the DHS Order should be changed)*:

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I have attached to this "Notice of Appeal" a true and correct copy of the Order of the Commissioner of Human Services and a copy of the Reconsideration Order, if any, that I received in the mail.

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 decide 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: _____