



ADMINISTRATIVE REVIEW DECISION AND REQUEST FOR APPEALS COMMITTEE HEARING

3. REQUESTS FOR APPEALS COMMITTEE HEARING – APPLICANT COMPLETES THIS SECTION

I, _____
(Name)

of _____
(Address)

Request that my case be heard by an Appeals Committee as provided in the ISC Social development Policy and Procedure Manual, BC Region.

I nominate, _____, who is not related to me.
(Name)

of _____
(Address)

telephone number: (_____) _____ to be a member of the Appeals Committee which will hear my case.
(Area Code)

Signature of Applicant or Recipient

Date (YYYY MMM DD)

➤ **Note to Applicant/Recipient:**

You will be notified of the date and place of hearing.

During the Appeals Hearing, members of the Appeals Committee may only consider, call for and examine information, records or testimony that were attached to and included in the Request for Administrative Review Form which you have submitted on the date that, was recorded in Section 1 of this form to support your case.