Expedited State hearing Request Before Department of Social Services

I request an expedited State Hearing against the county of

The reasons for the hearing is the county action regarding:

Program	Date Applied	CWD Action
CalWORK Immediate need		
Food Stamp Expedited Service		
Homeless Assistance		
Other		

(For "other" add a page that explains the problem for the hearing)

CLAIMANT AND REPRESENATTIVE INFORMATION

Claimant	Name	Last Name	SSN		
 Claimant Ad	dress		Telephone		
I want the person below to represent me at this hearing:					
Name of Representative:					
Or	Organization:				
Address			Telephone		
Claimant	/AR signature	to be completed if the	Date: the claimant does not sign the hearing request.)		
AUTHRIZED REPRESENTATIVE CERTIFICATION : I hereby declare under penalty of perjury that I have been expressly authorized by the claimant herein to request this state hearing by signing his/her name hereto and represent him/her during all steps of the state hearing proceedings.					
Date:		Place of Executi	on of this signature:		
Ву					
Si	gnature of De	clarent herein			