

**Substance Use Disorder**

**REQUEST FOR ABILITY TO PAY  
ADMINISTRATIVE HEARING BY TELEPHONE**

I hereby request that I be allowed to present evidence via telephone at the Ability to Pay Administrative Hearing to be held on \_\_\_\_\_.

In the Matter of \_\_\_\_\_ Case #: \_\_\_\_\_

\_\_\_\_\_  
Consumer Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED FORM TO:**

**Region 10 PIHP  
3111 Electric Avenue  
Port Huron, MI 48060**