

**APPEAL RULES AND PROCEDURES**  
**OF THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE**

1. If an applicant or recipient of general assistance, or emergency assistance, as defined by the Public Aid Code of Illinois, is dissatisfied with the decision of the township supervisor or the general assistance office in (1) granting an amount of assistance deemed inadequate, or in (2) denying or reducing or terminating assistance, or (3) if his or her application has not been approved within thirty (30) days from the date it was made, he or she has a right to appeal this action or inaction of the general assistance office or township supervisor to the Champaign County Public Aid Appeals Committee. An applicant or recipient of general assistance is allowed to appeal a decision denying or terminating aid, or granting aid in an amount which is deemed inadequate, or changing, canceling, revoking or suspending grants as provided in 305 ILCS 5/11-16, or determining to make a protective payment under the provisions of 305 ILCS 5/3-5a or 305 ILCS 5/4-9, or a decision by an administrative review board to impose administrative safeguards as provided in 305 ILCS 5/8a-8. Applicants or recipients of aid may also file an appeal when an application is not acted upon within the time period after the filing of an application as provided by Rules of the Illinois Department of Human Services.
2. Each township supervisor in Champaign County, Illinois is directed to cooperate fully with and to assist any person seeking to appeal, as is directed by the Public Aid Code, 305 ILCS 5/11-8, and by the adoption of these Appeal Rules and Procedures.
3. Upon making an application, the township supervisor or general assistance office shall fully inform the applicant of his or her right of appeal to the Champaign County Public Aid Appeals Committee.
4. Notice to the Applicant or Recipient
  - a. Every applicant for assistance has the right to receive a timely written notice of the disposition of his or her application.
  - b. Every recipient of assistance has the right to receive a timely written notice whenever his or her assistance is reduced, suspended or terminated.
  - c. In order for a notice of approval or denial to be timely, it must be mailed or delivered to the applicant within ten (10) days after the date the decision was made.
  - d. In order for a notice of reduction, suspension or termination to be timely, it must be mailed or given to the client at least ten (10) days before the effective date of the change of the affected benefits. Day one of the ten day time period shall be the day following the date of the written notification, absent definitive evidence to the contrary that the notification was mailed or given to the client on a different date.
  - e. The above notices for denial, termination, suspension, or reduction must contain the following information:

1. A clear statement of the action taken or to be taken.
2. A clear statement of the reason for the action.
3. A specific policy, statute, guideline or rule which supports the action.
4. A complete statement of the applicant's or recipient's rights to appeal.
5. A clear statement that a notice of appeal form can be obtained from the office of the Town Supervisor.
6. A copy of the *Appeals Rules and Procedures of the Champaign County Public Aid Appeals Committee* shall be available at the County Board office upon request.

f. The timely notice to the recipient shall contain, in addition to the above, a statement indicating that assistance will be continued at the previous level during the appeal before the Public Aid Appeals Committee of the County Board if an appeal is filed within ten (10) days of the effective date of any proposed change in benefits to reduce, suspend or terminate a recipient's assistance. If the applicant or recipient initiates his or her appeal within ten (10) days of the effective date of any proposed change in benefits to reduce, suspend or terminate a recipient's assistance, the Township Supervisor or general assistance office shall postpone the action to reduce, suspend or terminate assistance and continue to provide assistance at the level prior to the notice, pending the result of the decision of the Public Aid Appeals Committee.

5. The Notice of Appeal form shall be supplied by the Chair of the Champaign County Board to each township supervisor and general assistance office in Champaign County. The Township Supervisor shall be allowed to use any form Notice of Appeal which supplies the same information as appears in the forms supplied to the Township Supervisor by the Chair of the Champaign County Board. The said form shall be provided by the township supervisor and general assistance office to any applicant or recipient who is dissatisfied with the township supervisor's or general assistance office's action or inaction. The Notice of Appeal form is included in the Forms Appendix of these Rules.

6. The appeal process and hearing shall be without cost to the applicant or recipient. The cost of the appeal process and hearing shall be paid by Champaign County. In the event a judicial review of the Public Aid Appeals Committee's decision is sought, a verbatim record of the proceedings shall be made available to the township, applicant or recipient without cost.

7. The applicant or recipient or his or her representative must notify the supervisor or general assistance office in writing of his or her intent to appeal. The appeal shall be initiated by the delivery or mailing of the written, signed notice of appeal form provided to the applicant or recipient by the township supervisor or general assistance office or by any other written instrument giving notice of appeal. A copy should also be delivered or mailed to the Chair of the County Board, although this is not a requirement for the appellant. The appeal must be initiated within sixty (60) days after the date notice of the action taken or to be taken is received by the applicant.

The supervisor or general assistance office shall assist in the completion of the Notice of Appeal form when requested to do so. If assistance is provided, care shall be taken to ensure to the extent possible that the applicant or recipient understands the information requested in the Notice of Appeal form. The Notice of Appeal form must be signed by the applicant or recipient, unless the applicant or recipient has a guardian, conservator or power of attorney who is authorized to act on behalf of the applicant or recipient. In the township case record, all action related to the applicant's or recipient's requests to appeal shall be documented.

A representative of an applicant or recipient can be an attorney, but may also include a family member, spouse, or any persons so designated as representative by the applicant or recipient.

8. Within forty-eight (48) hours of the receipt of the notice of appeal form, the township supervisor or general assistance office shall forward the original to the office of the Chair of the Public Aid Appeals Committee, who is the Chair of the Champaign County Board. A copy of the notice of appeal form must be retained in the township case record.

Upon receipt of the notice of appeal form by the County Board Chair, the Chair shall assign the appeal a case number, which shall be comprised of the last two digits of the calendar year in which the appeal is received, and the consecutive number of the appeal during the said calendar year. The case number shall also include the General Assistance Office from which the appeal is presented in parentheses. For example, if the first appeal during the 2006 calendar year is an appeal from the City of Champaign Township, the case number shall read 06-1 (City of Champaign Township). The case shall also be assigned a caption which shall read "In the Matter of the Appeal of" followed by the appellant or recipient's name. For example, if the appellant or recipient's name is John Doe, the caption would read "In the Matter of the Appeal of John Doe."

9. Prior to the appeal hearing, the township supervisor or general assistance office shall request and conduct an informal conference with the applicant or recipient, and/or his or her representative. This informal conference shall be used by the township supervisor or general assistance office to explain the basis for the appealed action or inaction, and to allow the applicant or recipient to present any additional information to support his or her position. If necessary, the township supervisor may require the presence of other staff involved in the appealed decision at the informal conference. As a result of this conference, the township supervisor may modify, reverse or leave unchanged the appealed action or inaction.

If the township supervisor or general assistance office reverses or modifies the appealed action or inaction, he or she will ask the applicant or recipient to sign a written request to withdraw the appeal. However, the township supervisor or general assistance office should take care in such cases not to interfere with the right of the applicant or recipient to continue with the appeal if he or she chooses.

10. The applicant or recipient has the right to withdraw his or her appeal. If the applicant or recipient wishes to withdraw the appeal, a written request to withdraw the appeal will be filled out and signed by the applicant or recipient. The original of the written request will be forwarded immediately to the office of the Chair of the County Board and a copy will be kept for the case record file. The Chair of the County Board shall send a letter to the applicant or recipient

acknowledging that the appeal has been withdrawn. Upon withdrawal of the appeal, the appeal process shall be ended. The Request to Dismiss Appeal form shall be supplied by the Chair of the Champaign County Board to each township supervisor and general assistance office in Champaign County. The said form shall be provided by the township supervisor and general assistance office to any applicant or recipient who wishes to withdraw their appeal. The Request to Dismiss Appeal form is included in the Forms Appendix of these Rules.

11. Both the appellant and the General Assistance Office have the right to be represented by legal counsel in an appeal. If appellant represented by legal counsel in the appeal, legal counsel shall be required to file a written entry of appearance on behalf of the appellant. Neither Champaign County nor the township from whom the applicant or recipient has filed an appeal is required to provide the applicant or recipient an attorney for the appeal.

12. Appeals shall be deemed filed with the Public Aid Appeals Committee when filed with the office of the Chair of the Champaign County Board. Within seven (7) calendar days of receipt of the notice of appeal form, the Chair of the Champaign County Board shall set the hearing on the appeal for the next regularly scheduled hearing date of the Public Aid Appeals Committee. The Notice of Appeal Hearing to be used by the Champaign County Board Chair in setting the hearing on the appeal is included in the Forms Appendix of these Rules.

13. The Public Aid Appeals Committee may continue a proceeding to a later date by written agreement of the parties or for good cause shown by any one of the parties. Good cause shall be defined as an illness of any party to the appeal which would prevent that individual from attending the hearing; unavailability of any party's attorney for any party to the appeal which would prevent the witness from attending the hearing, which said unavailability would have to be documented; or the death of a member of the appellant's immediate family. Any request for the continuance of a proceeding, either by written agreement of the parties, or for good cause shown by any one of the parties, shall be made no later than seventy-two (72) hours prior to the scheduled hearing date.

14. The applicant or recipient and his or her representative shall be notified by letter of the time, date and place of the appeal hearing by the office of the Chair of the Champaign County Board, with the said letter to be mailed to the applicant or recipient and his or her representative at the address given by the applicant or recipient on the notice of appeal form. This letter must be mailed no less than ten (10) days prior to the date of the appeal hearing.

15. The township supervisor or general assistance office shall prepare a statement of facts and forward the original copy to the office of the Chair of the Champaign County Board, and a copy to the applicant or recipient and his or her representative no less than seven (7) days prior to the date of the appeal hearing. The statement of facts shall contain a statement of the action or inaction questioned in the appeal, and a clear and specific statement of the facts known and considered by the township supervisor and general assistance office in arriving at its decision. The Statement of Facts form shall be supplied by the Chair of the Champaign County Board to each township supervisor and general assistance office in Champaign County. The Statement of Facts form is included in the Forms Appendix of these Rules.

16. The applicant or recipient and his or her representative have the right prior to the appeal hearing to inspect and copy their case materials on file with the general assistance office, but only in the presence of assistance office personnel.

17. Upon hearing the applicant's or recipient's appeal, the Public Aid Appeals Committee shall apply only such published and consistent standards adopted by the particular township involved in the appeal as were published and in effect at the time the application was made in determining eligibility and the amount of assistance to be given. These published consistent standards will be determined by the township supervisor or general assistance office of each township in the county, with each township supervisor and general assistance office in the county to submit in writing to the Public Aid Appeals Committee its published consistent standards as to eligibility and the amount of assistance given. Each township supervisor and general assistance office shall be required to promptly inform in writing the Public Aid Appeals Committee of any change in these standards. If no published consistent standards were in effect at the time of application from the particular township involved in the appeal, then the Public Aid Appeals Committee shall apply the general assistance standards promulgated by the Illinois Department of Public Aid which were in effect at the time of application, except that in an adult case, full shelter care costs, for items such as utilities and rent, may be awarded.

18. The appellant must appear in person at the scheduled appeal hearing, but the appellant may also be accompanied by legal counsel or a representative. If it is impossible for the appellant to appear in person, the appellant or his or her representative shall notify the Chair of the County Board as soon as possible that the appellant does not plan to attend the scheduled appeal hearing and why attendance is not possible.

Upon receiving such notice, the Chair of the County Board may continue the hearing to a later date or time by written or telephonic notice to all parties in order to secure the attendance of the appellant. If an appellant does not appear in person at the scheduled appeal hearing, and if the Public Aid Appeals Committee deems the appellant's explanation of his or her absence is adequate, the Public Aid Appeals Committee may proceed in the appellant's absence if the appellant's representative so requests, or continue the hearing to a later date or time so that the attendance of the appellant may be secured. If the appellant fails to appear without explanation, or for an insufficient reason, the Public Aid Appeals Committee shall dismiss the appeal. If an appeal is dismissed for the applicant's failure to personally appear, and the applicant has not previously given an explanation, the Public Aid Appeals Committee shall send a Notice of Impending Dismissal of Appeal to the appellant asking if he or she wishes to pursue the appeal further and why the appellant failed to appear at the scheduled hearing. The Notice of Impending Dismissal of Appeal to be used by the Committee is included in the Forms Appendix of these Rules.

If the appellant replies within ten (10) days after mailing and gives a sufficient reason for not appearing in person, the cause shall be reinstated and a hearing rescheduled as for an appeal *de novo*. An appeal *de novo* means the Public Aid Appeals Committee shall consider the matter as if it had not been heard before and as if no decision had previously been rendered. Sufficient reasons for the appellant's absence shall include physical incapacity due to illness and any reason making it physically impossible for the appellant to be present. An appeal shall also be continued if counsel to either party has a conflict due to previously scheduled court or administrative proceedings.

19. Any party to the appeal may compel the presence of the adverse party by serving a written notice upon the party or his or her representative at least three (3) days prior to the scheduled hearing. If the notice is served by mail, it must be mailed at least five (5) days prior to the scheduled hearing.

Any party to the appeal, and/or the Public Aid Appeals Committee, may compel by subpoena the attendance and testimony of witnesses and the production of books, papers and other exhibits before the Public Aid Appeal Committee at a scheduled appeal hearing. The Subpoena form shall be supplied by the Chair of the Champaign County Board to the parties at their request. The Subpoena form is included in the Forms Appendix of these Rules.

The subpoenas may be served as subpoenas in civil court proceedings. The fees of witnesses for attendance and travel shall be the same as the fees of witnesses before the Champaign County Circuit Court, and shall be paid as an expense of administration of the township supervisor or general assistance office. However, no person may be compelled to appear if he or she resides outside of Champaign County, Illinois. Public Aid Appeals Committee subpoenas may be enforced as provided by 305 ILCS 5/11-8.3.

20. The appeal hearing will be conducted before the Public Aid Appeals Committee whenever feasible. A qualified hearing officer appointed by the Public Aid Appeals Committee may conduct hearings and make recommended findings of fact and propose disposition of the appeal. The appeal hearing shall be advertised pursuant to the Illinois Open Meetings Act (5 ILCS 120/1 *et seq.*).

21. In any appeal involving a township whose supervisor is a member of the Public Aid Appeals Committee, he or she shall be replaced for that appeal hearing by an alternate member designated by the Chair of the County Board.

22. The appeal hearing will be informal in nature and the proceedings recorded verbatim. The applicant or recipient shall be entitled to present his or her case or to have a representative present it for him or her, and shall be entitled to present witnesses or other evidence to the Public Aid Appeals Committee. The applicant or recipient and the representative shall have a reasonable opportunity to examine before the hearing material which the supervisor or general assistance office plans to present, including:

- a. The statement of facts form.
- b. Pertinent case information, including all documents presented at the hearing.
- c. Information related to the budgeting process for determining appropriate grant amounts, including the budget calculation form.

23. The appeal hearing shall be conducted to: limit presentation to relevant and material facts and law; explain the purpose and procedure to be followed, and manner in which the decision will be rendered; develop the facts relevant to the issues; clearly identify the policy provision relied on; assist the applicant or recipient to present his or her version of the facts; enable the township

supervisor or general assistance office to present the facts and policy supporting his or her action; permit cross-examination by the participants; respect the rights and dignity of all participants to the hearing; and summarize the points developed.

Admissible evidence at the hearing shall include the following: hearsay evidence, unless objected to by a party; documentary evidence, such as documents from the file of the General Assistance Office; General Assistance and Emergency Assistance Rules and regulations of the General Assistance Office; certified copies of public records; business records if authenticated by a witness familiar with the operation of the business and its record keeping practices; computer general records; medical records of the appellant. All appeals hearings shall be confidential and not open to attendance by the public unless all parties shall agree otherwise. All appeal proceedings and the documents and evidence presented therein shall be confidential to the extent provided by state law.

305 ILCS 5/11-9. All documentary evidence submitted at the appeal hearing shall be retained in the appeal case file.

The general order of proceeding at an appeal hearing shall be as follows:

- a. Call to order by the Committee Chair or Hearing Officer.
- b. Roll Call.
- c. Chair requesting those in attendance to state their names and relationship to the parties in the case.
- d. Chair stating for the record the documents on file in the case.
- e. Chair swearing in the witnesses.
- f. Opening statements by the parties if requested by the committee.
- g. Presentation of evidence by the appellant.
- h. Presentation of evidence by the Township Supervisor.
- i. Presentation of rebuttal evidence by the appellant.
- j. Closing statements by the parties if requested by the committee.
- k. Closed session deliberation by the Committee with the proper motion required by the Illinois Open Meetings Act.
- l. Announcement of the decision by the Committee.
- m. Adjournment of the hearing.

24. The appeal hearing may be continued by the Public Aid Appeals Committee when it appears necessary to obtain additional information, but the additional information must be presented at the continued hearing unless the applicant or recipient and township supervisor or general assistance office consent to the presentation of the additional information outside of the hearing.

25. At the conclusion of the hearing, the Public Aid Appeals Committee shall announce its decision, in open session, setting forth the facts and specific policy supporting its decision. The effective date of the decision shall be the date of the announcement by the Public Aid Appeals Committee. Only evidence and matters presented at the appeal hearing may be considered by the Public Aid Appeals Committee in reaching its decision without the consent of the applicant or recipient and the township supervisor or general assistance office. The decision of the Public Aid

Appeals Committee, containing a statement of the facts and specific policy supporting its decision, shall be placed in writing and approved by the Committee within thirty (30) days of the announcement of the decision. Thereafter, the written decision shall be mailed or delivered to the parties within four (4) calendar days of the approval of the written decision by the Committee.

26. If the appeal is denied in full or in any part, the applicant or recipient shall be informed in writing of the right to seek judicial review of the Public Aid Appeals Committee's decision.

27. If the appeal is allowed in full or in part, the Public Aid Appeals Committee shall inform the township supervisor or general assistance office in writing of its decision and direct that the decision be carried out fully. A report within fourteen (14) days of the decision shall be submitted by the township supervisor or general assistance office to the Public Aid Appeals Committee showing that the appeal decision has been carried out.

28. The Public Aid Appeals Committee shall maintain records of the appeal and its decision, and shall submit a monthly report to the local county department of the Illinois Department of Public Aid, which will conduct periodic reviews of decisions on the basis of such reports.

29. The Public Aid Appeals Committee shall approve the notice of appeal, subpoena and all other forms to be issued by the Chair of the County Board.

If an applicant or recipient of Public Aid, or a township supervisor of general assistance office, shall fail to substantially comply with these rules, the Public Aid Appeals Committee may terminate the proceedings and enter a decision in favor of the other party.



APPENDIX A

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE )  
APPEAL OF )  
 ) )  
 ) NO.

NOTICE OF

APPEAL

I, \_\_\_\_\_, hereby appeal to the Champaign County Public Aid Appeals Committee the decision action inaction of the General Assistance Office (GAO) of \_\_\_\_\_ Township with regard to my application grant

for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting that the Champaign County Public Aid Appeals Committee order the GAO to \_\_\_\_\_

\_\_\_\_\_

My mailing address and telephone number are:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_, 20 \_\_\_\_\_

**NOTE:** If you wish, the General Assistance Office will assist you in filing out this Notice of Appeal. Upon completion, file this Notice with the General Assistance Office, the Champaign County Board or the Champaign Public Aid Appeals Committee.

**FOR USE OF GENERAL ASSISTANCE OFFICE, PUBLIC AID APPEALS COMMITTEE ONLY**

Date Notice of Appeal received: \_\_\_\_\_

Date of Decision appealed from: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

APPENDIX B

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE )  
APPEAL OF )  
)  
) NO.  
)

**REQUEST TO WITHDRAW APPEAL**

I, \_\_\_\_\_, the Appellant in the aforementioned appeal, hereby request the withdrawal of my appeal to the Champaign County Public Aid Appeals Committee which was filed on \_\_\_\_\_, 20\_\_\_\_. I understand that no appeal hearing will be held and that the Champaign County Public Aid Appeals Committee will not enter any decision in my appeal other than to allow its withdrawal. I am withdrawing my appeal freely and voluntarily, and I understand the contents and meaning of this Request to withdrawal Appeal.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

Witness:

\_\_\_\_\_  
Signature

(Please print the following)

Name of Witness: \_\_\_\_\_

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

APPENDIX C

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE )  
APPEAL OF )  
) )  
) NO.  
)

**NOTICE OF APPEAL HEARING**

TO: (Appellant) (Township)

The Champaign County Public Aid Appeals Committee (“Committee”) is in receipt of the Notice of Appeal of the aforementioned Appellant appealing from a decision or action of the Township with respect to General Assistance and /or Emergency Assistance.

**(A) Scheduling of Appeal Hearing**

You are hereby notified that a hearing on the appeal has been scheduled for \_\_\_\_\_, 20\_\_\_\_,  
at \_\_\_\_\_ .m. at \_\_\_\_\_  
\_\_\_\_\_.

The Appellant must appear ***in person*** at this appeal hearing. If you fail to appear, your appeal will be dismissed unless you can show good cause for your failure to appear.

**(B) Rescheduling of Appeal Hearing**

If you cannot be present at the appeal hearing, contact the Committee at the address and telephone number indicated as soon as possible to let the Committee know that you cannot be present and the reason why you cannot be present. By law, appeal hearings must be held within a certain number

of days of the filing of your appeal; therefore, hearings will be rescheduled only when good cause is shown for an inability to be present. Any request for a rescheduling of the appeal hearing must be submitted in writing to the Committee no later than 72 hours prior to the appeal hearing with, where appropriate, supporting documentation.

**(C) Correspondence regarding appeal and filing of documents with the Committee**

All further correspondence relating to your appeal or any questions concerning your appeal should be directed to the Committee, not the Township. In addition, any document or documents you wish to file relating to your appeal should be filed with the Committee, not the Township. Any correspondence or documents should be mailed to or filed with the Committee at the following address:

Champaign County Public Aid Appeals Committee  
c/o Champaign County Board Chair  
Brookens Administrative Center  
1776 E. Washington Street  
Urbana, IL 61802  
Telephone Number: (217) 384-3772

If you send any correspondence to or file any documents with the Committee, you must at the same time send copies of such correspondence or documents to the Township. Any correspondence or documents you send to or file with the Committee must be accompanied by a signed Proof of Service indicating that you sent a copy of such correspondence or documents to the Township. Proof of Service forms are available from the Committee.

**(D) About the Appeal Hearing**

At the appeal hearing you will be given the opportunity of showing why the Township's decision or action is wrong. You have the right to be represented by an attorney or any person of your choice. If objected to, neither you nor the Township will not be permitted to present hearsay evidence at the hearing. That is, with certain limited exceptions, you may not be able to submit as evidence any

written documents or what has been said by someone outside the hearing room and not under oath.

You may be required to present evidence, including any documents, though witnesses sworn on oath.

The Rules of Champaign County Public Aid Appeals Committee are available for inspection at the address indicated.

If you have any questions, about any of the above or about your appeal, you should contact the Committee at the address and telephone number indicated.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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County Board Chair on behalf of the  
Champaign County  
Public Aid Appeals Committee

APPENDIX D

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE )  
APPEAL OF )  
)  
) NO.  
)

**STATEMENT OF FACTS**

APPEAL OF \_\_\_\_\_

GENERAL ASSISTANCE OFFICE: \_\_\_\_\_ Township

The aforementioned appellant is appealing from the:

Decision      Action      Inaction

of the General Assistance Office (GAO) on \_\_\_\_\_, 20\_\_\_\_ (date) in  
which the GAO (describe decision, action or inaction appealed from):

The General Assistance Office considered the following facts with regard to the foregoing

↑

Decision      Action      Inaction

(attach additional sheets if necessary):

Date: \_\_\_\_\_, 20\_\_\_\_

General Assistance Office

By: \_\_\_\_\_  
\_\_\_\_\_ Township Supervisor

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE )  
APPEAL OF \_\_\_\_\_ )

No. \_\_\_\_\_ )  
)  
)  
)  
)

NOTICE OF IMPENDING DISMISSAL OF APPEAL

TO:

A hearing on your appeal was convened on \_\_\_\_\_,

at \_\_\_\_\_.

You failed to appear in person at the appeal hearing. *Prior to the appeal hearing you were notified of the date, time and place of the appeal hearing. You were also previously notified that you must appear in person at this hearing and that if you failed to appear, your appeal would be dismissed unless you could show good cause for failing to appear.*

Pursuant to Rule 19 of the Rules of the Champaign County Public Aid Appeals Committee, you are hereby notified that your appeal shall be dismissed unless you show good cause for failing to appear at the appeal hearing. You must notify the Champaign County Public Aid Appeals Committee (“Committee”) in writing within ten (10) calendar days of the date of this Notice of the specific reasons why you did not appear at the appeal hearing, and, if appropriate, submit supporting documentation such as a doctor’s statement.

*If you fail to notify the Committee within ten (10) calendar days of the date of this notice or if you did not have good cause for failing to appear at the appeal hearing, your appeal will be dismissed.*



The address and telephone number of the Committee are as follows:

Champaign County Public Aid Appeals Committee  
c/o Champaign County Board Chair  
Brookens Administrative Center  
1776 E. Washington Street  
Urbana, IL 61802  
Telephone number: (217) 384-3772

Dated this \_\_\_\_\_ day of \_\_\_\_\_.

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Champaign County Board Chair  
On behalf of the Champaign County  
Public Aid Appeals Committee

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE )  
APPEAL OF, )  
)  
) NO.  
)

**PROOF OF SERVICE**

I, \_\_\_\_\_, the undersigned, hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I served a true and correct copy of the \_\_\_\_\_ (name of the document or other paper served) upon \_\_\_\_\_ (name and address of person or entity served)

by (check applicable box and complete if necessary):

hand delivering a true and correct copy to the aforementioned person or entity at the above address.

depositing a true and correct copy in the United States mail, first class postage fully prepaid, addressed as above, at \_\_\_\_\_, Illinois.

depositing a true and correct copy in the United States mail by certified mail, return receipt requested, addressed as above, at \_\_\_\_\_, Illinois.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

APPENDIX G

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE )  
APPEAL OF, )  
)  
) NO.  
)

**SUBPOENA**

TO:

**YOU ARE HEREBY COMMANDED** to appear to testify before the **CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE** at \_\_\_\_\_

\_\_\_\_\_ in the City of \_\_\_\_\_, Illinois, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ .m.

**YOU ARE COMMANDED ALSO** to bring the following:

in your possession and control.

**YOUR FAILURE TO APPEAR IN RESPONSE TO THIS SUBPOENA WILL SUBJECT YOU TO PENALTIES PRESCRIBED BY LAW.**

Witness \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Champaign County Board Chair on behalf  
of the Champaign County  
Public Aid Appeals Committee

APPENDIX H

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE )  
APPEAL OF )  
)  
) NO.  
)

SUBPOENA RETURN

I served this Subpoena as follows (check applicable box and complete):

by handing the original to (name and address):

\_\_\_\_\_ on \_\_\_\_\_, 20 \_\_\_\_\_. I also served a check payable to the witness in the amount of \$ \_\_\_\_\_ for witness and mileage fees.

by mailing the original to (name an address):

\_\_\_\_\_ on \_\_\_\_\_, 20 \_\_\_\_\_. I also served a check payable to the witness in the amount of \$ \_\_\_\_\_ for witness and mileage fees.

I am over 18 years old and not a party to this proceeding.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary of Public

**(To the officer or person making service):** Serve the witness with the original of this Subpoena and any check for witness fees and mileage. On a true and correct copy complete the Return, have your signature notarized and file with the Champaign County Public Aid Appeals Committee.

**Fees for Service**

Service Fee \$ \_\_\_\_\_  
Photocopying ( \_\_\_\_\_ copies @ \_\_\_\_\_ per copy ) \$ \_\_\_\_\_  
Mileage ( \_\_\_\_\_ miles @ \_\_\_\_\_ per mile) \$ \_\_\_\_\_  
Postage \$ \_\_\_\_\_  
Total Fees for Service \$ \_\_\_\_\_