

ADMINISTRATIVE TRIBUNAL FORMS REQUISITION

STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH

Attachment (H)

INSTRUCTIONS:

- Order only the forms listed below on this requisition.
All other items will be deleted.
- Specify the quantity you **NEED** in single units
(use **EACH**, not pad, package, box, carton, etc.).
- Make a **PHOTOCOPY** for your records.
- Allow **3 weeks** for processing and delivery.
- Complete this form and mail it to:
ADMINISTRATIVE TRIBUNAL
PO BOX 30763
LANSING MI 48909
- You may also fax your order to: **(517) 334-9505**

REQUESTER INFORMATION:

Requesting Business or Office Name			Date of Request	Phone Number ()
Attention of			Approval Signature(s) (as needed)	
Delivery Address (Number and Street)				
City	State	ZIP Code		

REQUESTED ITEMS:

1 COMMODITY NUMBER	2 QUANTITY NEEDED EACH (NOT Pad, Pkg, Box or Ctn.)	3 FORM or ENVELOPE IDENTIFICATION NUMBER	4 FORM or ENVELOPE TITLE
4829 -			
0092		DCH-0092	Request For An Administrative Hearing
0093		DCH-0093	Hearing Request Withdrawal
0367		DCH-0367	Hearing Summary
0368		DCH-0368	Administrative Tribunal – Business Reply Envelope
0646		DCH-0646	Administrative Tribunal Forms Requisition <i>(preprinted – not electronic fill-in enabled)</i>

AUTHORITY: None	The Department of Community Health is an equal opportunity employer, services, and programs provider.
COMPLETION: Is Voluntary, but this information is required to obtain a supply of the above printed materials.	

For Office Use Only

Administrative Services Approval	Date Processed	DMB - Processed by
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