TEXAS Health and Human Services

Form 1590
September 2011-E

Request for a Fair Hearing Exception

To: Community Services Policy Unit Manager, State Office	Date Submitted to State Office	Date of Hearing Decision
From: Regional Director	Area Code and Telephone No.	
Applicant/Individual/Member Name	Identification No.	Region
Hearings Officer Name		

A fair hearing exception is requested for the fair hearing decision rendered by the hearings officer for the above-named applicant/individual/member. The specific area of review is described below.

A copy of the fair hearing decision letter must accompany this form.

Description:

Was information submitted during the hearing that supports your position? ☐ **Yes** ☐ **No**

If "No," a fair hearing exception request cannot be submitted. Only information presented at the hearing can be considered.

Was this information orally offered as evidence during the hearing? ☐ **Yes** ☐ **No**

If "No," a fair hearing exception request cannot be submitted.

What policy supports your position?

How is this decision contrary to policy?

Community Services Policy (CSP) Response to Region	Date:

Decision

Actions Required by Region:

Additional Comments: