

# RECORD OF HEARING

State Form 45933 (R2 / 11-03)

Name of county

Name of client		Address of client					
Case number		CC / Addresses:					
Reason for appeal	Date received ( <i>month, day, year</i> )						
Date scheduled ( <i>month, day, year</i> )	Time scheduled			ALJ			
<b>Without Hearing</b>	Disposition						
	Reason						
<b>With Decision</b>	Date released ( <i>month, day, year</i> )	<input type="checkbox"/> Eligible					
		<input type="checkbox"/> Ineligible <input type="checkbox"/> Remand					
Decision							
Federal code	4	5	6	7	8	9	10