



Public Housing and Community Development
Miami-Dade Housing Choice Voucher Program
Florida Quadel, Contractor
P.O. Box 521750
Miami, Florida 33152-1750
T 305-403-3222 F 305-629-1032
TTD/TTY Florida Relay Service
800-955-8771 or Dial 711
miamidade.gov

Si necesita ayuda con este formulario, llame al 305-403-3222
Si w bezwen yo ede w ak fom sa a, tanpri rele 305-403-3222

Informal Hearing/Review Request Form

Use this form if you have been recommended for termination and are requesting a hearing or review. Complete this form and mail or fax it to the MDHCV Hearing/Review Office.

Last Name: (Required) First Name: (Required) MI:
Client #: Last four digits of Social Security #: (Required)
Current Address:
City: State: Zip Code:
Telephone # ()

Mail to: Miami-Dade Housing Choice Voucher Program OR Fax to: (305) 629-1032
Attn: Hearing/Review Office
PO Box 521750
Miami, Florida 33152-1750
Telephone: (305) 403-3222

The date, time, and location of the hearing or review will be mailed to you after MDHCV receives and evaluates your written request.

X (Your Signature) / (Date)

- Check this box if you require a reasonable accommodation to assist you with the hearing/review process. You will be contacted by MDHCV concerning your request.
Check this box if you will be represented by an Attorney.

You must notify MDHCV at (305) 403-3222 at least 24 hours prior to the scheduled time of the review or hearing, if you are unable to attend. MDHCV may allow up to one rescheduled date/time for good cause. If you have questions or need assistance to translate this document, please contact 305.403.3222 between 8:30 am and 5:00 pm, Monday through Friday.

Be advised, you have the right to:

- Request a reasonable accommodation to assist you with any aspect of the hearing/review process because of your disability, or if you need a sign language interpreter or material in accessible format. Indicate above if such an accommodation is needed or call the MDHCV office five (5) days prior to the hearing/review.
Review any MDHCV documents prior to the hearing, including your file directly related to the MDHCV's decision. To review your file and/or obtain copies of your file, please submit a written request to the address above. There is a cost of \$0.15 per page or \$0.20 for legal or double sided copies.
Request a copy of or review the criminal record if the termination is based on criminal activity. To review this record, submit a request to the address above. You will be contacted for an appointment to review the documents.
Be represented at the hearing/review by a lawyer or other representative of your choice
Request an explanation of the reason for MDHCV's decision at the hearing/review
Present written or oral objections to MDHCV's decision at the hearing/review

