



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

**OFFICE OF ADMINISTRATIVE HEARINGS
ADMINISTRATIVE DISQUALIFICATION HEARING WAIVER**

IMPORTANT NOTICE

READ CAREFULLY. SIGNING THIS WAIVER WILL EFFECT YOUR RIGHTS.

I, _____, understand that the Mississippi Department of Human Services (MDHS) believes that I should be disqualified from participation in SNAP because of an alleged Intentional Program Violation. Disqualification penalties for an Intentional Program Violation can be 12 months, 24 months, 10 years or permanent disqualification depending on whether this was your first, second, or third violation or based on the circumstances of the violation.

The specific alleged violation(s) you are accused of is _____. MDHS has the following documentation that supports said allegation(s) :

I fully understand that if I do not want to or do not plan on attending the Administrative Disqualification Hearing that is currently set for _____ on _____ at _____ county office, I may sign this Waiver of Right to an Administrative Hearings by _____. If _____ is not the head of household, then the head of the household must also sign this waiver. I understand that as head of household, by signing this waiver I am doing so even if the disqualification will apply to another household member.

I fully understand that if I fail to appear at the hearing, the decision on whether I committed an Intentional Program Violation will be based solely on the information provided by MDHS.

I fully understand that a signed waiver for an Administrative Disqualification Hearing will result in an automatic disqualification for myself and a reduction of the remaining household members' benefits during the disqualification period even if the accused individual does not admit to the facts as presented by MDHS. I understand that the remaining household members, if any, will also be held responsible for repayment of the claim. Further, I understand that a collection action may be initiated.

I fully understand that I have the right to remain silent concerning the allegation(s). Anything said or signed by me could later be used in a court of law.

This hearing does not stop the State or Federal Government from suing you for Intentional Program Violation in civil or criminal court, or from collecting any monies owed for the program violation.

If you have any questions or need additional information, please contact _____ at 601.359.4921.



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Mail to: P.O. Box 352 , Jackson, MS 39205
Email to: adminhearings@mdhs.ms.gov
Questions? Call 601.359.4921

DO NOT SIGN THIS FORM IF YOU DO NOT KNOW WHAT IT MEANS!

Please check one of the following boxes and sign below **if you would like to waive** the Administrative Disqualification Hearing. Either option will have the same effect as to whether or not you admit to the facts.

I admit to the facts as presented, and understand that a disqualification penalty will be imposed, if I sign this waiver.

I do not admit that the facts as presented are correct. However, I have chosen to sign this waiver and understand that a disqualification penalty will be imposed.

Signature of Accused

Signature of Head of Household

Date

Date