



**MARYLAND TRANSIT ADMINISTRATION**

**MARYLAND DEPARTMENT OF TRANSPORTATION**

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor  
Pete K. Rahn, Secretary • Paul Comfort, Administrator

**MOBILITY/PARATRANSIT APPEALS PROCESS**

**(Effective September 12, 2016)**

The Mobility Appeals, Office of Equal Opportunity Compliance Program (Mobility OECP) has established a new appeal process for Mobility/ADA Paratransit and Call-A-Ride services. You may take an appeal if you have been; (1) denied eligibility; or (2) granted temporary or conditional eligibility and believe you should have been granted full eligibility; or (3) suspended or barred from receiving services.

To do so, you must follow these steps to appeal the decision:

1. You must submit the attached appeals form to Mobility Appeals, Office of Equal Opportunity Compliance Programs within 60 days from the date on your determination letter or you will lose your right to appeal.
2. The form must be received by the Mobility Appeals, (OECP) at the following address:

**Mobility Appeals  
Office of Equal Opportunity Compliance Programs  
4201 Patterson Avenue 2<sup>nd</sup> Floor  
Baltimore, MD 21215**

3. Maryland Transit Administration (MTA) will grant current customers temporary paratransit service during the appeal process. Mobility, does not offer temporary paratransit service to new applicants during the appeal process. If an appeal determination has not been made within 30 days of your appeal hearing, MTA Mobility will provide you with paratransit service from the 31<sup>st</sup> day until an appeal decision is made.
4. Your appeal request may be done in person, by phone or in writing. We will notify you of the date, time and location (if you choose to appear in person). We will schedule your hearing within 30 days of receipt of your appeal request.

5. In order to obtain a copy of your Mobility Application and all supporting documents before your hearing, you must mark the option "I would like a copy of my file" when completing the attached MTA's Hearing Request form. You may also submit a written request for your Mobility Application and all supporting documents no less than 10 days before your hearing. MTA encourages you to provide an email address on your request for faster service.
6. Please contact Mobility to schedule a ride to your appeal hearing if needed. The ride will be provided free of charge to encourage your attendance at the hearing.
7. It is important that you attend the hearing in person, by phone or that you submit by the hearing date any information you would like us to consider. If you have scheduled a telephone hearing, please make sure the Mobility Appeals, OECP has a good contact number to reach you at the designated date and time.
8. To reschedule, contact the Mobility Appeals, OECP at 410-764-8507 and a new hearing will be scheduled within 30 days. You may be required to provide documentation to support your postponement request.
9. If you fail to participate in your appeal, the original decision will be reviewed and an appeal decision will be rendered as to whether to uphold or overturn the original decision.
10. You may have a representative with you during the hearing (for example, someone from an advocacy organization or an attorney).
11. An appeal decision will not be made at the time of the hearing, but will be provided in writing within 30 days of the hearing date.
12. This document is available in an alternate format or translated upon request. Please contact the department listed below.

\*\*Este documento se encuentra disponible en un formato alternativo o traducido según solicitud.

**\*\*MTA Mobility Information; Telephone Number: 410-764-8181; Toll Free 1-866-743-3682; TTY 410-539-3497; MD Relay 7-1-1**

The Maryland Transit Administration is committed to ensuring that no person is excluded from participation in or denied the benefits of its transit services on the basis of race, color or national origin, as protected by Title VI of the Civil Rights Act of 1964.

## HEARING REQUEST FORM

Fill out this form **ONLY** if you disagree with a decision about your Eligibility Determination, Disciplinary Suspension, No-Show/Late Cancellation Suspension or Call-A-Ride Suspension. Please return to:

**Mobility Appeals, Office of Equal Opportunity Compliance Programs  
4201 Patterson Avenue 2<sup>nd</sup> Floor  
Baltimore, MD 21215**

**1. Fill in the blanks in this section and complete sections 1-3. Please print clearly.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobility ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. I would like to appeal the following:**

- |  |  |
|--|--|
| <input type="checkbox"/> No Show/Late/Cancellation       | <input type="checkbox"/> Disciplinary suspension             |
| <input type="checkbox"/> Eligibility for service         | <input type="checkbox"/> Conditions placed on my Eligibility |
| <input type="checkbox"/> Call-A-Ride (C.A.R.) Suspension |  |

**Please note that you have the following number of days to file each type of appeal:**

- \* Seven (7) days for a No Show/Late/Cancellation Suspension
- \* Sixty (60) days for a Disciplinary Suspension
- \* Sixty (60) days for an Eligibility Denial
- \* Sixty (60) days for a Call-A-Ride (C.A.R.) Suspension
- \* Suspension

**3. Type of hearing:**

In Person       Telephone       Written

I would like a copy of my file.       I will contact Mobility for a ride to the hearing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you need assistance or a reasonable accommodation, including auxiliary aids and services, alternate formats, translated materials or interpreter services related to your appeal due to a disability or limited English proficiency, please contact the MTA Mobility Information at 410-764-8181 • Toll Free 1- 866-743-3682 • TTY 410-539-3497 • MD Relay 711

You may also contact Mobility Appeals, Office of Equal Opportunity Compliance Programs at 410-764-8507.

**FOR MTA USE ONLY**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Mobility ID: \_\_\_\_\_

Appeal Representative attending hearing: \_\_\_\_\_

Date of Denial or Suspension: \_\_\_\_\_

**Appeal Category (select one):**

- \_\_\_\_\_ Mobility Service – Eligibility
- \_\_\_\_\_ Mobility Service – Other Suspension
- \_\_\_\_\_ Mobility Service – No Show
- \_\_\_\_\_ Suspension of Mobility Service
- \_\_\_\_\_ Call A Ride Suspension