

WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

Personally identifiable information will be used only for the direct administration of public assistance programs.

Name		Date Mailed to Member	
CARES PIN		Case Number	
Address - Street	City	State	ZIP Code

We believe you committed an intentional Program Violation by:

- ☐ Intentionally making a false or misleading statement,
- ☐ Intentionally misrepresenting, concealing or withholding facts, or
- ☐ Committing an act that constitutes a violation of the Food Stamp Act, the Food Stamp Program Regulations, or any Wisconsin statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of FoodShare benefits or QUEST cards.

Summary of violation and evidence:

The specific alleged violation(s) is: _____

The following evidence supports this allegation: _____

You have the right to an Administrative Disqualification Hearing prior to any action taken by the State of Wisconsin to disqualify you from receiving FoodShare benefits. If you wish to have a hearing rather than signing this form you would have the right to:

- Look at the evidence that will be used at the hearing both before and during the hearing and receive a free copy of relevant portions of your case file upon your request.
- Present your own case or have someone present your case for you such as a lawyer, a friend, a relative or a community worker. Free legal services may be available to you. Visit the Legal Action of Wisconsin web page at www.legalaction.org or call 1-888-278-0633, or the Wisconsin Judicare, Inc. web page at www.judicare.org or call 1-800-472-1638, for information on services in your areas.
- Bring your own witnesses.
- Argue your case freely.
- Question any evidence or statements made against you.
- Bring any evidence to the hearing that would support your case.
- Remain silent concerning the charges, as anything said or signed by you could be used against you in a court of law.
 - Obtain a copy of the State agency's published hearing procedures per 7CFR § 273.16(e)(3)(iv) by contacting the agency.

Waiver of Administrative Disqualification Hearing

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If you wish, you may waive this hearing. If you waive the hearing, your household will have a reduction in benefits and **you will be disqualified from receiving FoodShare for the following time specified:**

- ☐ **One (1) year** because this would be your 1st violation.
- ☐ **Two (2) years** because this would be your 2nd violation.
- ☐ **Two (2) years** because this was your 1st conviction in a federal, state or local court for having used or received benefits in a transaction involving the sale of drugs.
- ☐ **Permanently** because this was your 1st Intentional Program Violation sanction resulting from a conviction by a federal, state or local court for having used or received benefits involving the sale of firearms, ammunition, or explosives.
- ☐ **Permanently** because this was your 2nd conviction in a federal, state or local court to have used or received benefits in a transaction involving the sale of drugs.
- ☐ **Permanently** because this was a conviction in a federal, state or local court for having trafficked benefits in an aggregate amount of \$500 or more.
- ☐ **10 years** because this would be your 1st or 2nd Intentional Program Violation sanction due to receipt of duplicate benefits based on your fraudulent statement or representation.
- ☐ **Permanently** because this would be your 3rd violation for any of the above.

Whether you have a hearing or not, it does not preclude the District Attorney from prosecuting you for an intentional program violation in a civil or criminal court action, or from the agency collecting an overpayment. You and the remaining household members 18 years and over during the period of overpayment will be responsible for the repayment of the incorrect benefits issued.

If you sign this waiver, you must also choose one of the following statements to indicate whether or not you admit to the facts as presented above. You do not have to admit to any of the charges. You have the right to remain silent concerning the charges, as anything said or signed by you could be used in a court of law.

- ☐ I admit 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 result.

The head of household must also sign this agreement if you are not the head of household.

To avoid the holding of a hearing, this signed waiver must be returned to the local agency listed below by: _____

If you have questions, you may call: _____.

Agency Representative		Telephone Number ()	
Address	City	State	ZIP Code
SIGNATURE – Member		Date Signed	
SIGNATURE – Head of Household (if different from member)		Date Signed	

Distribution: Participant – Original

Case File - Copy