

Arizona Fair Hearing Request for Benefits

Solicitud de audiencia imparcial para beneficios en Arizona

A benefits appeal form letter asking for a fair hearing and continued benefits when available.

Una carta de apelación de beneficios que solicita una audiencia imparcial y la continuación de beneficio

Topic: Benefits

Statute / reference: Arizona public benefits hearing practice

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This JusticeAZ worksheet is a plain-language template for information and drafting support.

Review local facts, deadlines, and court rules before submitting any form or letter.

Suggested fields:

- Your full name and safe contact information
- Date of notice, problem, or hearing
- Key facts, amounts, or conditions to document
- Copies of supporting records, photos, notices, or receipts

Campos sugeridos:

- Su nombre completo e información de contacto segura
- Fecha del aviso, problema o audiencia
- Hechos importantes, cantidades o condiciones a documentar
- Copias de registros, fotos, avisos o recibos de apoyo