

PROCEDURE REFERENCE : FmHA Instruction 1900-B.  
 PURPOSE : Used to notify appellant of an appeal hearing or re-  
 view decision and further appeal rights as applicable.  
 Also used to notify appellant how to request a tran-  
 script of the hearing.

UNITED STATES DEPARTMENT OF AGRICULTURE  
 FARMERS HOME ADMINISTRATION  
 (Location)

\_\_\_\_\_  
 (Date)

Dear \_\_\_\_\_ :

(Insert reason for appeal and decision)

If you feel that the above decision is incorrect and you wish for further action to be taken, you have at this point in the appeals process two options available for your consideration:

OPTION #1. This option is designed to afford you an opportunity to review certain material from the hearing before you decide whether or not to request a review and if so, may give guidance as to what kind of additional written material you might want to submit for consideration in the review. You may request a copy of the hearing tape and/or the written material from the hearing record. You may also request a written transcript of the tape which will be provided to you at the approximate cost of reproduction which in this case is \$ \_\_\_\_\_. If you choose this option, you will be given an additional 20 days from the date the material is sent for you to request a review as outlined in OPTION #2 below. You will be advised of this right again when the material is sent.

OPTION #2. This option allows you to immediately request a review of the decision by either the State Director or the National Director of Appeals. Should you choose the State Director, you will still be able to request a further review by the National Director of Appeals after the State Director's decision should you so desire. If you choose the National Director, that decision will be administratively final and you will have no further appeal rights. If you choose this option, you will still be entitled to request the materials as outlined in OPTION #1 above. If you do not check any materials, you should understand that no materials will be sent and that the 45 day review period will begin with the receipt of your review request. However, if you do request materials, you are advised that the 45 day review period will begin when FmHA sends you the materials.

You must notify the Area Supervisor of Appeals in writing within 30 calendar days of the date of this decision letter regarding which of the above options you wish to request. Without such notification, your appeal will be deemed concluded.

In making your request, you should fill out the attachment to this letter, checking the OPTION and any material(s) that you are requesting.

The completed attachment should be sent to:

Area Supervisor  
FmHA National Appeals Staff  
(insert appropriate address)

Please read this material carefully as the clearer you are in expressing your desires, the easier it will be to further process your requests. If you have any questions, you may call the Office of the Area Supervisor at 1-800-\_\_\_\_-\_\_\_\_\_.

Sincerely,

BORROWER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

[ ] OPTION #1. Before I decide whether to request a review, please send me the material(s) that I have checked below. I understand that by selecting this option, I will have an additional 20 days from the date that FmHA sends the material(s) to request a review as outlined in OPTION #2 below. I will be advised of this right again when I receive the material.

[ ] OPTION #2. I would like to request a review of the hearing officer's decision at this time. Please have my review handled by (check one):

[ ] State Director, or

[ ] National Director

I have enclosed a written explanation with this statement explaining why I believe that the hearing officer's decision was incorrect. I have also enclosed any additional written information that I would like to be considered in the review. I understand that information not submitted at this time will not be considered.

I would also like for you to send me the material(s) that I have checked below. If I have not checked any material(s), I understand nothing will be sent and that the 45 day review period begins when you receive this request. However, if I have requested any material(s), I understand that the 45 day review period begins at the time FmHA sends me the material(s).

MATERIAL REQUEST, (check one or more):

[ ] A copy of the hearing tape.

[ ] A copy of the balance of the hearing record.

[ ] A transcript of the hearing tape. I have enclosed my check made payable to "FmHA" for the amount mentioned in the cover letter.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

FmHA Log# \_\_\_\_\_