



PARTICIPANT REQUEST FOR REVIEW AND/OR FAIR HEARING

PRIVACY STATEMENT – The information requested on this form, including name and address, is necessary for identification. Failure to provide the information requested may result in delays in services or denial of your request.

PLEASE NOTE – Completing and submitting this form can assist you in explaining and detailing the NMDVR decision(s) or action(s) with which you disagree. However, completion and submission of this form is voluntary and is NOT a requirement when requesting a review.

PARTICIPANT NAME	TODAY'S DATE
TELEPHONE NUMBER ☐ Check if TTY	E-MAIL ADDRESS
RESIDENCE STREET ADDRESS	CITY STATE ZIP
MAILING ADDRESS ☐ Check if same as above	CITY STATE ZIP
COUNSELOR NAME	NMDVR OFFICE LOCATION

CLIENT ASSISTANCE PROGRAM (CAP)

CAP is a federally funded program which advocates for and protects the rights of individuals with disabilities and is available by contacting Disability Rights New Mexico. If you need help completing this form or want assistance in resolving a problem with NMDVR, you may contact CAP at:

Disability Rights New Mexico
3916 Juan Tabo Blvd., NE
Albuquerque, NM 87111
TEL/TTY: (505) 256-3100
TOLL FREE: (800) 432-4682



I disagree with a decision or action by NMDVR and request the following:

☐ **Informal Supervisory Review**

☐ **Mediation**

☐ **Fair Hearing**

***Note – you may request one or more of the above review options.**

Please explain the NMDVR decision(s) made or inaction(s) or action(s) taken with which you disagree. Please include the date(s) of the decision(s) or action(s). You may attach additional pages if needed.

Please explain why you disagree and how you would like the problem to be solved. You may attach additional pages if needed.

Please list all accommodations that you need (such as interpreters, assistive listening systems, or alternate formats):

By signing this form, you consent to the release of information on this form and the information necessary to carry out the Informal Supervisory Review, Mediation, and/or Fair Hearing.

PARTICIPANT SIGNATURE

DATE SIGNED

PLEASE SEND THE SIGNED AND COMPLETED FORM TO:

**NMDVR Director
1596 Pacheco Street
Suite 203
Santa Fe, NM 87505
or via email to contact@dvr.nm.gov**