



Texas Workforce Commission
Vocational Rehabilitation Services
**Request for Due Process
Hearing and/or Mediation**

Customer Information

Applicant or Customer Name:

Case ID Number:

Address:

Telephone Number:

Email Address:

What is your disability?

Blind or visually impaired

Other: If other disability, please specify:

Date of this Petition:

Hearing Request Information

Concerning the determination or decision by TWC-VR staff that you are contesting, what does the determination or decision concern?

My eligibility for vocational rehabilitation services

My eligibility for services under the Independent Living Services for Older Individuals who are Blind

My ineligibility for further services

Denial of services

My Individual Plan for Employment (IPE), Individual Written Rehabilitation Plan (IWRP) or Independent Living Plan (ILP) for older individuals who are blind program

Delivery or quality of counseling or other services

The cost of services allowed by TWC-VR

Closure of your case or termination of services

Other. If other concern, please describe:

Who made the determination?

On what date did the person or persons make the determination or decision?

Briefly describe why you are contesting this determination:

Describe the remedy you are seeking, or how you want this matter to be resolved:

You have the right to pursue mediation in an effort to resolve this matter.
Do you agree to mediation? Yes No

Accommodations Requested

Complete the following only if applicable.

I am requesting the following accommodations during any hearing in this proceeding (select all that apply)

Reader

Sign language interpreter

Language interpreter - specify language:

Other. If other accommodation needed, please describe:

Notice

By signing this Request for Due Process Hearing and/or Mediation, you give consent and authorization to TWC-VR to release information about you that TWC-VR has in its possession as is necessary to conduct a formal hearing or mediation.

Authorization

Applicant or Customer Signature:

Please mail, deliver, or email this form when completed to:

**TWC VR Hearings Coordinator
101 East 15th Street, Rm. 608
Austin, Texas 78778-0001**

or

melissa.collins@twc.state.tx.us

TWC Use Only. Date Received: