

9515.2000 REQUEST FOR REVIEW OF DETERMINATION.

A person who disagrees with the department's determination of ability to pay may request that the department review its decision. The request shall be made in writing within 15 calendar days of the date the order was mailed. The request for review shall include the reasons for disagreeing with the determination order. When a person requests review as provided in this part, the department's determination shall not become final until the department responds to the request for the review. The department shall send the person a notice of the decision after review and a final determination order.

Statutory Authority: *MS s 246.51*

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