



# HAMPTON ROADS TRANSIT

## REQUEST FOR APPEAL

FOR ADA COMPLEMENTARY PARATRANSIT ELIGIBILITY

**PLEASE PRINT NAME OF PERSON APPEALING**

Date of This Notice:

Name of Appellant (print):

Mailing Address on Record:

Deadline for Appeal to be filed (60 days from the date of this notice):

**IMPORTANT: If you wish to file an Appeal, your request must be postmarked, received by a courier service (i.e.: Fed Ex, UPS, etc), or hand delivered to the Hampton Roads Transit office no later than the date indicated as “60 days from the date of this notice”.**

Information in this form should be completed so the Panel will be prepared to hear your appeal. You may attach additional pages as necessary pertaining to your Appeal. Provide as much information as possible including, but not limited to, professional verification, medical or otherwise, of functional limitation(s) that prevent you from using the Hampton Roads Transit fixed-route service. **Please be advised: Submitting additional information is not a requirement for an appeal, but any lack of information submitted may limit the panel’s decision options should you choose not to appear for the appeal proceeding in person.**

Appealing: Please check all that apply:

- Denial of Eligibility
- Conditional Eligibility
- Temporary Eligibility
- Request for P C A
- Other (briefly explain)

**If there is any other information or documentation you think the Appeal Panel should have in order to fairly consider your request, please explain on the Additional Information page and attach any documents to this form.**

**Select one of the following options:**

I choose to submit additional information for the Appeal Panel to consider, but do not want to appeal in person. (If you choose this option, please send all information you would like the Appeal Panel to consider along with this form. Please review the information on your letter of determination when preparing additional information for the panel)

I choose to appeal in person (If you choose this option, we will contact you to schedule a day and time for the appeal hearing. You may bring additional information to the hearing and can attend with others who are able to provide information on your behalf)

**PLEASE SIGN AND DATE YOUR APPEAL REQUEST:**

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**Signature**

**Date**

**Daytime telephone number with area code: (    ) -**

**PLEASE REVIEW THE HAMPTON ROADS TRANSIT APPEALS POLICIES & PROCEDURES**

If you have any documents or reports that you wish the Appeals Panel to consider, please provide them with this request if available. Hampton Roads Transit will copy and/or provide accessible format(s) for materials that we receive at least five (5) business days before the date of the hearing. You are responsible for copies and accessible formats for any other materials, consistent with the "Appeals Policies & Procedures."

**MAIL, HAND-DELIVER OR COURIER  
YOUR REQUEST FOR AN APPEAL TO:**

Hampton Roads Transit  
Attention: Paratransit  
Appeals  
3400 Victoria Boulevard  
Hampton, VA 23661

**OR YOU MAY ALSO HAND-  
DELIVER YOUR REQUEST  
TO:**

HRT Southside Office  
Attention: Paratransit Appeals  
509 East 18<sup>th</sup> Street  
Norfolk, VA 23504

**FAX 757-222-6025**

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## **ADDITIONAL INFORMATION**