[Your Name]

[Street Address]

[City, ST ZIP Code]

[Date]

SENT VIA FAX ([fax number])

[ODJFS Office]

[Street Address]

[City, ST ZIP Code]

re: [Your Name]
 Determination No: [Your Determination Number]

 Social Security No: [Your Social Security Number]

To Whom it May Concern:

This letter will serve as my appeal of the above referenced determination. I request that the hearing be reversed

[EXPLANATION OF WHY IT SHOULD BE REVERSED]

Sincerely,

[Your Name]