

STATE OF MISSOURI
19th JUDICIAL CIRCUIT

LINDA GERKEN, *et al.*,)
Plaintiffs,)
)
v.) Case No. 06AC-CC00123-03
) Division IV
GARY SHERMAN, *et al.*,)
Defendants.)

REQUEST FOR ADMINISTRATIVE REVIEW OF DECISION
(Eligible Member)

I, _____ [name] either personally or through my authorized representative, hereby request Administrative Review of the Department of Social Services' calculation of the underpayment of my blind pension payments between February 1, 2001 and June 30, 2010. I hereby certify, subject to penalty of perjury, that I was eligible for and actually received at least one blind pension payment for the period between February 1, 2001, and June 30, 2010. I further state, subject to penalty of perjury, that the following information is true to the best of my own personal knowledge, information and belief:

To be completed by the Eligible Member or for the Eligible Member by the Eligible member's authorized representative:

1. I received at least one blind pension payment for one or more months between February 1, 2001, and ending June 30, 2010.
2. Attached please find the following documents that prove that I received blind pension payments for one or more months beginning February 16, 2001, and ending June 30, 2010.
3. I am requesting a review because:

[attach additional sheets of paper if you need more room]

[attach any additional documents or information that you would like the Court to consider]

4. My current mailing address is:

5. My current residence address is:

6. I would like all correspondence, information and payments mailed to me at:

Either _____ Residence address

Or _____ Mailing Address;

Or Other address:

7. My current e-mail address is: _____

8. My social security number is: _____

9. My date of birth is: _____

10. My Department Control Number (DCN) is: _____

11. My phone number is: _____

[] I hereby request a hearing:

[] by telephone conference call – specify telephone number _____;

[] by in-person hearing – note that **you must give a good reason for asking for an in-person hearing, or else your hearing will be by telephone conference.**

Reasons you are asking for an in-person hearing

Date _____

Eligible Member

State of Missouri)
) SS
County of _____)

On this ____ day of _____, 201____, _____ [name] personally appeared before me, a Notary Public in and for the aforesaid state and county, and executed Request for Administrative Review as his/her own free act and deed; and further stated, under oath or affirmation subject to the penalties of perjury that the information contained herein is true to the best of his/her own personal knowledge, information and belief.

Notary Public

My commission expires