



How To Request A Hearing If You Think Your Application for Worker Support Payments Should Not Have Been Denied

How do I request a hearing?

- Fill out the form below.

How long do I have to request a hearing?

- If your application for benefits was denied, you must ask for a hearing no later than 15 calendar days after the date of the notice denying your application for temporary relief payments.
- If you have received correspondence from the Maryland Department of Labor requesting repayment of funds paid to you, you must ask for a hearing no later than 15 days after the date of that correspondence.
- If you believe your temporary relief payments have been incorrectly canceled, you must ask for a hearing no later than 15 days after the date you should have received payment.

When and where will the hearing be?

- You will receive an email notice telling you the date and time of your hearing.
- It will take place via video conference. The instructions to log on will be included in the email notice.

Do I have to come to the hearing?

- The hearing will proceed without you unless you have requested a postponement.
- If you can't come, call the number on the email notice and they will let you know how to reschedule your hearing.

Can I bring someone to help me or speak for me?

- You may be represented by a lawyer at the hearing.



How can I prepare for the hearing?

- You can view your file in the Submittable portal.
- We will talk to you about this decision if you schedule a call with a supervisor. The number will be provided in your hearing notice.

For help completing this form, TTY users call via the Maryland Relay Service at 711 or 800-735-2258. All services are available in Spanish, and English-Spanish Operators (OPRs) are available to process Spanish

Hearing Request Form

What are the reasons you want a hearing?

- My application for temporary relief payments was rejected.
- My temporary relief payments have been incorrectly canceled.
- I do not agree that I should pay back the temporary relief payments that I received.
- I do not agree that my temporary relief payments should have been canceled as a result of my employer receiving a Worker Retention Program grant because my income is still reduced.

If your application was turned down what reason were you given?

- We were unable to confirm your identity.
- We were unable to confirm that you regularly worked at the Port of Baltimore.
- You have another application for the Worker Support Program currently in the review process.
- We were unable to verify your information because you uploaded incomplete information or the information is illegible.
- We deemed you ineligible because your employer received a Worker Retention Program grant.

Why do you want a hearing? Please tell us what happened.



Do you need an interpreter to participate in the hearing?

Yes No

If yes, what language do you need?

Do you need a reasonable accommodation to help you participate in the hearing?

Yes No

If yes, please explain:

Certifications

By signing below:

- I hereby certify, under the penalties of perjury and based upon personal knowledge, that the information I have provided in this application is true and correct.
- I understand that my eligibility for the Worker Support Program may be based on confirmation of my identity and prior work at the Port of Baltimore.
- I understand if Worker Support Program temporary relief payments have been approved and additional information proving fraud or misrepresentation in the Program application or related supplemental submissions is provided to the Department then any payments issued shall be considered an overpayment and may be collected.
- I understand that I may be subject to civil and/or criminal penalties if I commit fraud or misrepresent any information included in this application or related supplemental submissions to obtain temporary relief under the Worker Support Program.
- I understand that (I) any payment I receive from the Worker Support Program is taxable



income; (2) the State of Maryland will not be withholding taxes from any payments received from the Worker Support Program payment; and (3) I will be liable for taxes owed for any the Worker Support Program payment.

- I authorize the State of Maryland to disclose any information contained in this application to its contractors, including identity and employment verification services (who may further disclose information as necessary to subcontractors), and to my employer, unions, trade associations, or any organization in order to verify my work at the Port of Baltimore for purposes related to administering the temporary relief payments and determining my eligibility for the benefit.
- I consent to the State of Maryland obtaining additional data from its contractors, including employment information, to verify information provided in the application.
- I consent to the Maryland Department of Labor sharing information contained in this application with the Comptroller’s Office of Maryland, the Maryland State Treasurer’s Office, and any other agency or department of Maryland for purposes of implementing and administering the Worker Support Program and any payment extended to me or as otherwise required by law.

Digital Signature

Date Signed