



STATE OF MICHIGAN
**Department of
Human
Services**

235 S. Grand Ave., Ste, 715
P.O. Box 30037
Lansing, MI 48909
www.michigan.gov

Office of Legal Services

Tel: 517 373-2082
Fax: 517 241-7340

Memo

To: Deputy Directors, Bureau and Office Directors,
Outstate Area Service Managers, Wayne
County Administration Directors, County
Directors, District Managers, and Institutional
Managers

Date: April 19, 2011

From: Rebekah Mason Visconti, Director
DHS Office of Legal Services

Subject: Non-Lawyer Representation in Administrative Hearings

Recently the question of who may represent the Department of Human Services in administrative hearings has been raised. Over the years, various statutes and case law have addressed the issue of non-lawyer representation in administrative hearings. Although the law in this area remains somewhat unsettled, it does allow the department to be represented by counsel or a duly authorized employee or agent of the Department.

To ensure appropriate representation of the Department's interests in administrative hearings, the following procedures will be immediately effective:

1. An assistant attorney general will be requested to represent the Department in all administrative hearings (including BCAL summary suspensions) where the opposing party is represented by counsel, and
2. If the opposing party is represented by counsel at an administrative hearing and the Department's authorized employee is not, the Department will request an adjournment from the Administrative Law Judge so that the Department may request representation by counsel.

To request attorney general representation, please use form DHS-1216, available in template and fax forms, and fax the required information to the Office of Legal Services at (517) 241-7340.

REQUEST FOR ATTORNEY GENERAL REPRESENTATION

Michigan Department of Human Services
Administrative Hearings

Date of Request	DHS Office
DHS Office Contact Person and Telephone	Type of Case
Case (client) Name and Number	
Date and Time the Administrative Hearing is Scheduled	Location of Administrative Hearing
Name of Client's Attorney	Attorney's State Bar Number P-
Attorney's Business Address/Telephone	

- Please fax this form to the Office of Legal Services at 517-241-7340 with a copy of the Hearing Request and Hearing Summary

If approved, the client's entire file must be copied and provided to the Office of Legal Services. This file will be transmitted to the Department of the Attorney General.

If you have questions, please contact the Office of Legal Services at 517-373-2082.

Legal Services use only:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved by: _____	Date: _____
Date Sent to Attorney General: _____	
Assigned Assistant Attorney General: _____	
_____ Received Hearing Summary	
_____ Received Hearing Request	
_____ Received file from local office	
_____ Sent file to Attorney General	