

STATE HEARING REQUEST

ODHS 4069 (Rev. 4/87)

Complete in duplicate.

Name of Appellant (Last, First, Middle) BOUNDS, JACQUETTA
Street Address 1512 CHAPEL
City, State, and Zip Code CINCINNATI, Ohio 45206

Case Number (if known) 5002190972
Program ADCR
County HAMILTON

Date of Action Appealed

Date Notice Issued

This appeal is in relation to the action (or lack of action) taken by the HAMILTON County Department of Human Services. I want a hearing because:

from a spiritual point of view, I need to prove what is that good and acceptable, and perfect will of God, according to Rom. 12:1, 2, ^{which requires a great deal of time} As God himself has anointed me with the Holy Spirit of power to be a priest and king, as in Rev. 5: ⁹⁻¹³ This is the will of God and the commandment of God which I am required by God to fulfill and do, as in II Tim. 3: 16, 17.

For it is written:
II Tim. 2:15 Study to show thyself approved unto God, a workman that need not to be ashamed rightly dividing the words of God's ^{truth}

Please see attached information which provides a summary or synopsis of the cable television program I am in the process of producing that is about my twelve spiritual testimonies of God and Jesus Christ confirmed and interpreted by the Holy Scriptures. In general, this is why I am unable to participate with the Ohio work programs.

Signature Jacquetta T. Bounds	Date 6-7-94
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We must receive your request for a state hearing within 90 calendar days from the mailing date of the notice of the agency's action. If someone else makes a written hearing request for you, it must include a written statement signed by you, telling us that that person is your representative. Note: The preceding also applies to medical assistance providers. Therefore, hearing requests cannot be accepted from medical providers unless accompanied by the individuals written authorization.