

[LETTERHEAD]

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

DATE

NAME
ADDRESS

Dear _____:

By a letter dated [DATE] you were notified of the Office for People With Developmental Disabilities (OPWDDs) intent to fine you as a Family Care Provider in the amount of **[\$_____]** and of your right to request an administrative hearing within 30 days of receipt of such notice. Please be advised that since the 30-day period has lapsed and you have not availed yourself of the right to request an administrative hearing, that in accordance with section 16.17 of the Mental Hygiene Law, this letter constitutes formal notification that you must pay a fine of **[\$_____]** to OPWDD by sending a check payable to OPWDD to:

Office of Counsel
NYS Office for People With Developmental Disabilities
44 Holland Avenue
Albany, NY 12229

Sincerely,

Director _____ DDSOO _____

Cc: [appropriate staff in DDSOO]
Sponsoring Agency
Family Care Attorney, OPWDD Office of Counsel
opwdd.sm.family.care.review@opwdd.ny.gov