

**NORTH CAROLINA DIVISION OF SOCIAL SERVICES**  
**Report of Erroneous Issuance**

1. NAME \_\_\_\_\_  
2. ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Discovery \_\_\_\_\_  
Referral Date \_\_\_\_\_  
CNDS ID# \_\_\_\_\_  
Social Security # \_\_\_\_\_  
PI Investigation Case# \_\_\_\_\_  
FNS Status  Active  Inactive

3. CATEGORY OF CLAIM

- U - Undetermined – Pending Administrative Hearing
- P - Undetermined – Pending Court Action
- AE – Administrative Error
- IHE – Inadvertent Household Error
- IPV – Intentional Program Violation

4. METHOD FOR ESTABLISHING IPV CLAIM

- A – Court of Appeals      Date \_\_\_\_\_
- C – DQ Consent Agreement      Date \_\_\_\_\_
- D – District Court      Date \_\_\_\_\_
- S – Superior Court      Date \_\_\_\_\_
- H – Administrative Hearing      Date \_\_\_\_\_
- W – Waiver of Hearing      Date \_\_\_\_\_

5. PERIOD OF ERRONEOUS ISSUANCE

FROM \_\_\_\_\_ TO \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
          (MM/YY)       (MM/YY)                   (MM/YY)       (MM/YY)

FROM \_\_\_\_\_ TO \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
          (MM/YY)       (MM/YY)                   (MM/YY)       (MM/YY)

FROM \_\_\_\_\_ TO \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
          (MM/YY)       (MM/YY)                   (MM/YY)       (MM/YY)

6. SUMMARY OF CIRCUMSTANCES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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