

Form A

**APPEAL
BEFORE THE NMI SETTLEMENT FUND
HEARING OFFICER**

IN RE _____,

Applicant.

NMI SF Case No. HO _____

**NOTICE OF REVIEW
TO HEARING OFFICER**

Pursuant to the NMI Settlement Fund Appeal Rules and Procedures (“Rules”),
_____ [insert name of appealing party] (the “Applicant”), hereby
submits this Notice of Review of a decision of the Administrator of the NMI Settlement Fund.

As required under Rule 6.2 of the Rules, the Applicant hereby states the following:

A. Name of the Applicant: _____

B: Information regarding decision of the Administrator being appealed (“Decision”):

1. Date of Decision: _____

2. Was the Decision in writing:

_____ Yes, a copy of the Decision is attached to this Notice.

_____ No

3. Brief statement of any disputed factual matters in the Decision of the
Administrator:

4. Brief statement of any disputed legal issues in the Decision of the Administrator:

Dated, this ____ day of _____, _____

[Print Name of Applicant]