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| 様式第10号 | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | |  | | | |  | | | | |  | | | | | |
|  | | | | 支給（給付）決定取消通知書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  |  | | 障害者の日常生活及び社会生活を総合的に支援するための法律第２５条第１項及び第５１条の１０第１項の規定により、下記のとおり支給（給付）決定を取り消しましたので通知します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 記 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 障害福祉サービス  受給者証  番号 | | | | | | |  | | |  |  | |  |  | | |  |  |  | |  | | |  | | 地域相談支援  受給者証  番号 | | | | |  |  |  | |  |  |  |  | | |  |  |  | |
| 支給(給付)決定障害者  （保護者）氏名 | | | | | | |  | | | | | | | | | | | | | | | | | | | 支給決定に係る  児童氏名 | | | | |  | | | | | | | | | | | | | |
| 支給（給付）  決定取消日 | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 取消理由 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 受給者証を土佐清水市福祉事務所に返還してください。ただし、既に受給者証を提出されている方は、不要です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 返還先 | | | 土佐清水市福祉事務所 | | | | | | | | | | | | | | | | | | | 住所 | | | | 土佐清水市天神町11番2号 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | 0880-82-1118 | | | | | | | | | | | | | | | |
|  | | | 返還期限 | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ・不服申立て及び取消訴訟 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １ | | この決定について不服があるときは、この通知書を受け取った日の翌日から起算して3か月以内に高知県知事に対し審査請求をすることができます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２ | | また、処分の取消しの訴えは、前記の審査請求に対する裁決書を受け取った日の翌日から起算して6か月以内に土佐清水市を被告として（訴訟において土佐清水市を代表する者は土佐清水市長となります。）、提起することができます。なお、処分の取消しの訴えは、前記の審査請求に対する裁決を経た後（次の（１）から（３）までのいずれかに該当するときを除く。）でなければ提起することができないこととされています。  （１）審査請求があった日から3か月を経過しても裁決がないとき。  （２）処分、処分の執行又は手続の続行により生ずる著しい損害を避けるため緊急の必要があるとき。  （３）その他裁決を経ないことにつき正当な理由があるとき。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３ | | ただし、上記の期間が経過する前に、この決定があった日の翌日から起算して１年を経過した場合は、原則として審査請求することができなくなり、また、審査請求に対する裁決があった日の翌日から起算して1年を経過した場合は、原則として決定の取消しの訴えを提起することができなくなります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 問い合わせ先 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 土佐清水市福祉事務所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 住所 | | | 土佐清水市天神町11番2号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 電話 | | | 0880-82-1118 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |