

Petition for Review of Compassionate Use Board (CUB) Denial

INSTRUCTIONS

If you disagree with the Notice of Determination(s) and/or Determination(s)/Rulings by the **CUB**, you may petition the decision(s) to the Department of Health and Human Services (**DHHS**) by completing this form and explaining why you disagree.

You must sign the form and return it to the DHSS at the email address or fax number listed below.

YOU HAVE 30 DAYS FROM THE EMAIL DATE OF THE NOTICE TO FILE A PETITION. If you petition after the 30-day period, your request will be dismissed.

- Complete this form fully and legibly. All fields are required.
- For questions, call **(801) 538.6504** (Monday – Friday, 9:00 am – 5:00 pm).

FAX	Email	Address
(385) 465-6052	cubcmc@utah.gov	Center for Medical Cannabis P.O. Box 144340 Salt Lake City, UT 84114-4340

SECTION I | PETITIONER INFORMATION

The following information must be provided by the Petitioner (guardian, Qualified Medical Provider, or patient who is petitioning the denial).

Note: if the petition is signed by an individual other than the patient/guardian a release of information must be requested and signed prior to any discussion of the patient's case. Contact the CMC at CUBCMC@UTAH.GOV for more instruction.

Patient Name:		Date of Birth:	
Petitioner Name:		Relationship to Patient:	
Petitioner Address:		City/State:	
		Zip Code:	
Petitioner Phone:			
Petitioner Email:			

Certifying Medical Condition:	
Qualified Medical Provider (QMP) Name:	
SECTION II	PETITIONER STATEMENT
INSTRUCTIONS:	Explain how the Compassionate Use Board's decision to recommend denial of the petition was <u>arbitrary and capricious</u> .
<p>The CUB's denial decision was made without sufficient adequate findings and was found to deviate from the rules or procedure outlined in the Utah statute (26-61a-105) on this date: _____ because:</p>	
<div style="border: 1px solid black; height: 475px;"></div>	
Signature of Petitioner	