ADMINISTRATIVE APPEAL

You <u>must</u> have had an administrative review or CCWIR before requesting an administrative appeal hearing.

Fill out this form completely

Mail this form and a copy of the DCS Decision letter to your local DCS office

Request <u>must</u> be received within 18 calendar days from the date of the notification of decision letter.

An appeal hearing will be conducted within 90 days (20 days if your are child care worker or DCS employee) of your request.

You will be notified by mail of the time, date, and location of your hearing.

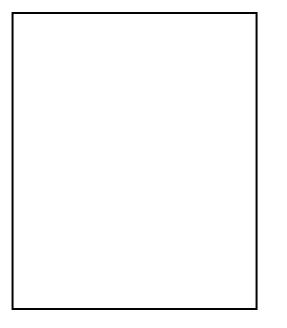
The ALJ decision will be mailed to you.

You must notify us if you choose to be represented by legal counsel or any other representative.

You must notify us if you have a change of address.

If the appeal request is not received within 18 calendar days you will give up your right to any further appeal of this decision in the future. TO REQUEST AN ADMINISTRATIVE APPEAL HEARING FOR A DCS SUBSTANTIATION OF CHILD ABUSE OR NEGLECT YOU MUST:

MAIL THIS FORM AND A COPY OF THE DCS REVIEW DECISION LETTER TO:





How to Request an

ADMINISTRATIVE APPEAL HEARING

for Child Abuse or Neglect Substantiation

Keep a copy of this form, the decision letter and the original 311 for your records

ADMINISTRATIVE APPEAL HEARING REQUEST FOR SUBSTANTIATION OF CHILD ABUSE / NEGLECT

| Alleged Perpetrator Full Name (<i>please print</i>) Street Address / P.O. Box Number | | | Investigation # State Zip Code | | | |
|---|--|---------------------|--------------------------------|--------------------|-------------------------|------------------------|
| | | | | | | |
| Telephone Number County of | | | | - | County of Investigation | |
| | N DETAIL WHY AFTE ON OF CHILD ABUSE | | | | | |
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| PLEASE IDENTIFY THE DCS S | TAFF PERSON(S) INVO | LVED IN THE AI | MINISTR | ATIVE REVIEW | DECISION | (see decision letter): |
| Name of Review | er: | | Title: | | | |
| County: | | _ Date of Notice: _ | | | | |
| plete this box only if you choose to be repro mey Name: ress: | Phone: | | | Appellant Printed | Full Name (A | Alleged Perpetrator) |
| | I UA. | | | Appellant Signatur | | Date |

You must have had an administrative review or CCWIR before you are eligible to request an appeal hearing

The person listed as the alleged perpetrator on the Form 311 is the only person who may request an appeal hearing. If our records indicated that the perpetrator is under the age of 18, this request must be signed by parent/guardian/custodian, attorney, Guardian ad Litem or Court Appointed Special Advocate (CASA)