

Notice of Administrative Review Decision

Insert Date

Name
 Street Address 1
 Street Address 2
 City, State Zip Code

Dear Insert Name,

This letter is in response to your request for an administrative review of investigation # insert investigation number. Please read the following carefully.

- Your request for review has been denied as it was received on insert received date, which was after the deadline for requesting a review.
- Your request for review has been dismissed due to the CHINS adjudication on Insert Date, by the Insert Name of Court County Juvenile Court.
- Your request for review has been dismissed due to a criminal conviction on charges related to this case on Insert Date, by the Insert Name of Court Court.
- An administrative review was conducted by Insert name of reviewer & title on Insert date. Based on that review, the Department of Child Services (DCS) has taken the following actions:

| Action: | Allegation |
|--|-------------------|
| <input type="checkbox"/> Affirmed Substantiation <input type="checkbox"/> Investigation Reopened <input type="checkbox"/> Reversed Finding, the allegation is reclassified as <input type="checkbox"/> Unsubstantiated or <input type="checkbox"/> Indicated | Insert Allegation |
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IF THE INVESTIGATION WAS REOPENED, PLEASE READ THE FOLLOWING.

The substantiated determination has been set aside and vacated. The case has been referred back to the investigation unit for further investigation and preparation of a revised Investigation Report/ 311. DCS will send you a copy of the revised report and determination within **15 days**.

IF THE FINDINGS WERE REVERSED, PLEASE READ THE FOLLOWING.

The record of this determination will be expunged from the Department's records and computerized information system under the rules and procedures that apply to the classification of this determination.

IF ONE OR MORE SUBSTANTIATIONS HAS BEEN AFFIRMED, PLEASE READ THE FOLLOWING.

You have the right to appeal the substantiation(s). To do so, you must complete the enclosed form, [Request for Administrative Appeal Hearing](#). Your request must be received by DCS within eighteen (18) calendar days of the date of this letter. The form has instructions and a summary of the process. If you have any questions, please contact the Insert County Name local DCS office at Insert Gen Office #.

If our records indicate that you are under the age of eighteen (18), a copy of this notice is being sent to your parent/guardian/custodian. Any request by a person under age 18 for administrative review must be signed by the person's parent/guardian/custodian.

Sincerely,

Name
Insert title