

ADMINISTRATIVE APPEAL

You **must** 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 **must** 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 *(please print)*

Investigation #

Street Address / P.O. Box Number

State

Zip Code

Telephone Number

County of Residence

County of Investigation

**PLEASE STATE IN DETAIL WHY AFTER REVIEW YOU STILL DISAGREE WITH THE DCS
SUBSTANTIATION OF CHILD ABUSE OR NEGLECT** (additional paper may be used if necessary)

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PLEASE IDENTIFY THE DCS STAFF PERSON(S) INVOLVED IN THE ADMINISTRATIVE REVIEW DECISION *(see decision letter):*

Name of Reviewer: _____ Title: _____

County: _____ Date of Notice: _____

Complete this box only if you choose to be represented by Legal Counsel

Attorney Name: _____ Phone: _____
Address: _____ Fax: _____

Appellant Printed Full Name *(Alleged Perpetrator)*

Appellant Signature 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)***