

## Request for an Administrative Hearing

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip code

Daytime Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Case Number: \_\_\_\_\_

( As Listed on Notice of Agency Action )

Check one

CPS Investigation

Foster Care Removal

Adoption Denial/ Reduction

Post Adoption Denial/ Ineligible

Adoption Denial/ Post Finalization

**Reason for requesting the hearing:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

You may represent yourself at the hearing, but if you wish to have another individual represent you, including an attorney (at your own expense), please provide the following information:

**Attorney or Representative Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone Number: \_\_\_\_\_

**Please send to:**