

**REQUEST FOR ADMINISTRATIVE HEARING**

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

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

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

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

\_\_\_\_\_

City

State

Zip Code

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

(As listed on Notice of Agency Action Letter)

Check One:

CPS Investigation

Post Adoption Denial/Ineligible

Foster Care Removal

Adoption Denial/Post Finalization

Adoption Denial/Reduction

**Reason for Requesting the Hearing:**

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

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

You may represent yourself at this 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

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PLEASE SEND TO:**

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