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| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)**Hearing Request Form** |
|  |
|  NAME | PHONE |
| STREET ADDRESS |  |
| CITY | CITY | ZIP |
| LICENSING ACTION[ ]  Disqualification [ ]  License Revocation [ ]  License Suspension [ ]  Revocation and SuspensionANTICIPATED DATE OF MOVE |
| [ ]  License Denial [ ]  License Modification [ ]  Civil Penalty |
|  |
| Will you have representation at the hearing? | [ ]  YES | [ ]  NO |
| (“Representation” can be anyone: a lawyer, family member, colleague, friend, provider advocate) |
| Do you need an interpreter? | [ ]  YES | [ ]  NO |
| If you answered yes, what language?  |
| Are you hearing impaired and in need an accommodation? | [ ]  YES | [ ]  NO |
| If you answered yes, what accommodations will you need?  |  |  |
| Do you need any other special accommodations? | [ ]  YES | [ ]  NO |
| If you answered yes, please explain what special accommodations you will need: |
|  |
| PLEASE EXPLAIN WHY YOU ARE APPEALING DCYF’S DECISION: |
| SIGNATURE | DATE |
| **Send this form and a copy of the disqualification, suspension or revocation letter to both offices:** |
| Office of Administrative HearingsP.O. Box 42488Olympia, WA 98504-2488Phone: 360 664-8717Fax: 360 664-8721 | DCYF officePO Box 40971Olympia, WA 98504-0971Phone: 1-866-482-4325 ext. 4Fax: 360-586-0052 |
| You will be notified in writing once a hearing date is set. |

