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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 Suspension  ANTICIPATED 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 Hearings  P.O. Box 42488  Olympia, WA 98504-2488  Phone: 360 664-8717  Fax: 360 664-8721 | | DCYF office  PO Box 40971  Olympia, WA 98504-0971  Phone: 1-866-482-4325 ext. 4  Fax: 360-586-0052 | | | |
| You will be notified in writing once a hearing date is set. | | | | | |

