



# REQUEST FOR AN ADMINISTRATIVE APPEAL HEARING FOR CHILD ABUSE OR NEGLECT SUBSTANTIATION

State Form 54776 (R6 / 6-21)  
DEPARTMENT OF CHILD SERVICES

## INSTRUCTIONS:

To request an administrative hearing concerning a DCS decision to substantiate allegations of child abuse and/or neglect, you must:

1. Fill out the request completely; and
2. Submit (1) this completed form, (2) State Form 55148, Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination, and (3) the approved State Form 113 / CW 311, Investigation of Alleged Child Abuse or Neglect (if no copy is attached to this form, please contact the DCS local office that conducted the assessment), to the address below or by e-mail to [hearingsandappeals@dcs.in.gov](mailto:hearingsandappeals@dcs.in.gov).

**Indiana Department of Child Services  
Office of General Counsel, Hearings and Appeals - MS47  
302 West Washington Street, Room E306  
Indianapolis, IN 46204**

A completed request must be received within **thirty (30) days** after the date of State Form 55148, Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination, plus an additional three (3) days for mail time, if the notice was mailed to you and not hand delivered. Once a complete request is received, you will be notified by mail of the time, date and place of your hearing. Any incomplete request will not be processed and will be returned to you.

3. You must notify Hearings and Appeals if you have a change of address.

**If your complete request is not submitted within thirty (30) calendar days of the date on the Notice letter attached to this form, (plus three (3) days if the Notice letter is received by US mail and not hand delivered) you waive or give up your right to any DCS Hearing on the decision in the future.**

Full name of person identified as a perpetrator	Date of birth (month, day, year)	Assessment number
Address of person identified as a perpetrator (number and street, city, state, and ZIP code)		
Telephone number ( )	County of residence	County of investigation
Please state in detail why, after review, you still disagree with the Department of Child Services (DCS) substantiation of child abuse and/or neglect against you. (Attach additional paper if needed.)		

### Complete this box if you are a child care worker, including a DCS employee.

Your title	Name of supervisor	Title of supervisor
Name of employer		
<input type="checkbox"/> Check here if, as an employee, in the course of your employment, you have direct contact with children.		

### Complete this box only if you choose to be represented by legal counsel.

Name of attorney	Telephone number ( )	Fax number ( )
Address of attorney (number and street, city, state, and ZIP code)		

**The person identified as a perpetrator is the only person who may request an appeal hearing. If the person identified as a perpetrator is a minor, the request must be made by his/her parent, CASA/GAL, attorney or legally appointed guardian.**

Signature of person requesting appeal	Date (month, day, year)
Printed name of person requesting appeal	E-mail address of person requesting appeal