



REQUEST FOR ADMINISTRATIVE REVIEW OF CHILD ABUSE OR NEGLECT SUBSTANTIATION

State Form 54775 (R4 / 7-14)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

To request an administrative review of the substantiation by a DCS representative who was not involved in the original assessment, you must:

1. Fill out this form completely; and
2. Submit this completed form and a copy of the assessment summary attached to this form, Assessment of Alleged Child Abuse or Neglect (State Form 113 / CW 311), to the following DCS local office:

Indiana Department of Child Services Local Office in _____ County

Your completed request must be received within **fifteen (15)** days from the date on the notification letter attached to this form, plus an additional three (3) days if DCS notified you by mail.

3. Keep a copy of your submission for your records.

If your Request is not submitted within fifteen (15) calendar days from the date on the notification letter attached to this form (plus three (3) additional days if the notification letter is mailed), you waive or give up your right to any DCS review or appeal of this decision in the future.

Printed name of person identified as a perpetrator	Assessment number
Address (number and street, city, state, and ZIP code)	
State in detail why you disagree with the Department of Services (DCS) decision. (Attach additional paper if needed.)	

The person identified as a perpetrator is the only person who may request administrative review. 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 review	Date (month, day, year)
Printed name of person requesting review	

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