



REQUEST FOR ADMINISTRATIVE HEARING FOSTER HOME LICENSE DENIAL OR REVOCATION

State Form 55227 (3-13)
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
1. To request an administrative hearing concerning denial or revocation of a foster home license you must:
 - a. Have received written notification that your application to become a foster parent is denied or your current foster home license is revoked before requesting an administrative hearing.
 - b. Fill out the request completely.
 - c. Mail this completed form and a copy of the written Notice of Foster Home License Denial or Notice of Foster Home License Revocation (attached) that you received from DCS to:

**Indiana Department of Child Services
Office of General Counsel, Hearings and Appeals – MS47
302 West Washington Street, Room E306
Indianapolis, IN 46204**
 2. This completed request must be submitted within thirty (30) days from the date you received the written Notice that is attached to this form.
 3. You will be notified by mail of the hearing procedures and the date, time and place of your scheduled hearing.
 4. You must notify us if you choose to be represented by legal counsel.
 5. You must notify us if you have a change of address.

If your request is not submitted within thirty (30) calendar days of your receipt of the Notice letter attached to this form, you will give up your right to any DCS Hearing on the decision in the future.

Check the appropriate box:	
<input type="checkbox"/> I received notice from DCS that my Foster Home License application is <u>denied</u> .	
<input type="checkbox"/> I received notice from DCS that my Foster Home License is <u>revoked</u> .	
Full name of applicant / foster home license holder A	Telephone number ()
Address of applicant / foster Home license holder A (number and street, city, state, and ZIP code)	County
Full name of applicant / foster home license holder B	Telephone number ()
Address of applicant / foster Home license holder B (number and street, city, state, and ZIP code)	County
Name of attorney (if applicable)	Telephone number ()
Address of attorney (number and street, city, state, and ZIP code)	
Please state in detail why you disagree with the DCS decision (additional paper, or the back of this page, may be used if necessary).	
Signature of applicant / foster home license holder A	Date (month, day, year)
Printed name of applicant / foster home license holder A	
Signature of applicant / foster home license holder B	Date (month, day, year)
Printed name of applicant / foster home license holder B	