



REQUEST FOR ADMINISTRATIVE HEARING RESIDENTIAL LICENSE DENIAL OR REVOCATION

State Form 57115 (4-21)
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
1. To request an administrative hearing concerning denial or revocation of a residential license, a residential licensing applicant / license holder must:
 - a. Have received written notification that the application for a residential license is denied or a current license is revoked before requesting an administrative hearing.
 - b. Complete this request form, and
 - c. Attach a copy of the Residential License Denial Letter or Residential License Revocation Letter received from the Indiana Department of Child Services (DCS) to this form, and
 - d. Mail the completed form 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) calendar days from the date you the residential license applicant / license holder received the Residential License Denial Letter or Residential License Revocation Letter (attached to this form).
 3. The residential license applicant / license holder will be notified by mail of the hearing procedures and the date, time, and place of the scheduled hearing.
 4. The residential license applicant / license holder must notify DCS if they:
 - a. Choose to be represented by legal counsel, or
 - b. Have a change of address.

If this request is not submitted within thirty (30) calendar days of receipt of the Residential License Denial Letter or Residential License Revocation Letter, attached to this form, the residential license applicant / license holder relinquishes their 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 Residential License application is <u>denied</u> .	
<input type="checkbox"/> I received notice from DCS that my Residential License is <u>revoked</u> .	
Full name of applicant / license holder	Telephone number ()
Address of applicant / license holder (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 the applicant / license holder disagrees with the DCS decision (additional paper, or the back of this page, may be used if necessary).	
Signature of applicant / license holder	Date (month, day, year)
Printed name of applicant license holder	