



REQUEST FOR ADMINISTRATIVE HEARING INDIANA ADOPTION ASSISTANCE PROGRAM (AAP or SAS)

State Form 54349 (7-10)
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
1. To request an administrative hearing concerning a DCS adoption assistance decision you must:
 - a. Have had a Review and received a Notice of Final Administrative Review Decision before requesting a Hearing.
 - b. Fill out the request completely.
 - c. Mail this completed form and a copy of the Notice of Final Administrative Review Decision 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 received within thirty (30) days from the date you received the Notice of Final Administrative Review Decision that is attached to this form.
 3. You will be notified by mail of the time, date and place of your hearing.
 4. Hearing procedure information will be mailed to you within thirty (30) days of the date of receipt by DCS of the complete request for Administrative Hearing.
 5. You must notify us if you choose to be represented by legal counsel.
 6. You must notify us if you have a change of address.

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

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|---|--------|----------------------------------|
| Full name of child | | Date of birth (month, day, year) |
| DCS case number | County | |
| Name of applicant / adoptive parent | | Telephone number () |
| Name of applicant / adoptive parent | | Telephone number () |
| Address of applicant / adoptive parent(s) (number and street, city, state, and ZIP code) | | |
| 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 / adoptive parent | | Date (month, day, year) |
| Printed name of applicant / adoptive parent | | |
| Signature of applicant / adoptive parent | | Date (month, day, year) |
| Printed name of applicant / adoptive parent | | |