



CHILD AND FAMILY SERVICES AGENCY
OFFICE OF FAIR HEARINGS AND APPEALS
 200 I Street, SE, WASHINGTON, DC 20003
 202-724-7100
 FAX (202) 727-5750

FAIR HEARING REQUEST FORM

Person Appealing (Applicant)	Daytime Telephone Number
	Email Address
Referral Id:	
Address, including apartment number, if any and zip code	
REASON(S) FOR REQUEST (ATTACH ADDITIONAL, SHEETS IF NECESSARY):	
If not included, CFSA may refuse to consider the request or require re-submission of the statement before it will consider the request.	
Requester's Signature _____ Date of Request _____	
Are the services of an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type _____	
REPRESENTATIVE AUTHORIZATION	
I authorize the following person to represent me, the claimant, in this matter.	
Name _____	
Address _____	
Phone Number _____	
Email Address _____	
Claimant's Signature _____	
DATES NOT AVAILABLE	
I am not available during the following hours or days (When identifying hours/days you will not be available, please keep in mind that the fair hearing will be held within 45 days after the receipt of your request):	

Signature of Claimant or Authorized representative _____	
Distribution: Office of Fair Hearings & Appeals; Applicant; Attorney or representative of Applicant, if any; Program Administrator; Office of General Counsel	

(Attach a copy of Notice of Action or Notice of Intended Action)

The Agency provides an opportunity for a Fair Hearing as a mechanism for review of certain CFSA decisions. The Agency's decisions for which a Fair Hearing may be requested are as follows:

- (a) An applicant for, or recipient of, an adoption subsidy under D.C. Code § 3-115, who appeals from a decision by CFSA to deny, reduce or terminate the subsidy;
- (b) An applicant for, or recipient of, a permanent guardianship subsidy under D.C. Official Code § 4-302 who appeals from a decision by CFSA to deny, reduce or terminate the subsidy;
- (c) A person identified in the Child Protection Register who appeals a finding by CFSA of abuse or neglect (Except in court cases involved in a fact-finding hearing or criminal trial);
- (d) An applicant for a foster home license or a licensed foster parent who appeals from a decision to deny, modify, suspend, convert, revoke or take another action concerning the application or license;
- (e) An applicant for a license to operate a youth residential facility or independent living program, or a person who is licensed to operate a youth residential facility or independent living program who appeals from a decision to deny, modify, suspend, convert, revoke or take another action concerning the application or license; and
- (f) A foster parent, where the foster child has been removed from the home.

YOUR APPEAL RIGHTS

- 1. You have the right to a fair hearing.
- 2. You may be represented by legal counsel or by an individual who is not a lawyer, at your own expense or you may represent yourself. Your representative may not be a District of Columbia Government or CFSA employee (or an employee of CFSA contract agencies).
- 3. You have the right to be present in all proceedings to present written and oral evidence.
- 4. You have the right to confront and cross-examine witnesses.
- 5. You or your authorized representatives have the right to access and examine non-confidential records prior to any meeting or hearing
- 6. You have the right to an interpreter.
- 7. You have the right to an informal meeting. Notification of the proposed date, times and places for an informal meeting shall be provided by CFSA.

INSTRUCTIONS

You may request a fair hearing by doing the following:

- 1. A written request for a fair hearing must be received within thirty (30) days of the date of the notice of action or intended action was sent to you (within seven (7) days for an expedited preliminary hearing request). If eligible, a Fair Hearing will be scheduled within forty-five (45) working days.
- 2. The written request for a fair hearing must include the date and a clear, brief statement of the grievance with factual support if appropriate and an explanation of why the proposed decision by CFSA is incorrect (see attached form). If not included, CFSA may refuse to consider the request or require re-submission of the statement before it will consider the request.
- 3. The written request is to be sent or hand delivered to the Office of Fair Hearing & Appeals, 200 I Street, SE, Washington, DC 20003. You may also fax the form to 202-727-5750. Call (202-724-7100) to confirm receipt of fax.