

APPLICATION FOR FAIR HEARING

PURPOSE:

The purpose is to provide a method of applying for a Fair Hearing and expediting the scheduling of a hearing by the Hearing Unit, Division of Legal Services (DLS). This form is to be used by an applicant or recipient of:

- Foster/Relative/Kinship Home License Status Denial, Revocation, or Suspension
- Adoptive Home Denial
- Adoptive Subsidy Maintenance Denial
- Adoptive Subsidy Services Denial
- Legal Guardianship Subsidy Denial
- Residential Child Care and/or Child Placing Agency License Denial, Revocation, Suspension or Intake Suspension
- Other (Explain)

NUMBER OF COPIES AND DISTRIBUTION:

This form shall be completed by the applicant or by Children's Division staff at the request of the applicant. Requests for hearings must be filed with the local Children's Division office within thirty (30) calendar days after the date of the Notice of Adverse Action (CS-20a). Include the CD-53 at the time of mailing of the CS-20a. Three copies are necessary:

- Original copy (white)-DLS Hearing Unit,
- Case record (Canary)
- Agency witness (Pink)

Fax the original copy to the DLS Hearing Unit within one (1) working day after the request for a Fair Hearing has been made. Follow-up with a copy of the CD-53 and the appropriate documents to the Hearings Unit.

If downloading the CD-53 from the Intranet, make three copies and distribute accordingly.

INSTRUCTIONS FOR COMPLETION (Print or type in the following information):

1. CATEGORY BEING APPEALED:

Enter a check mark in the box for the category or categories of assistance for which the application for a hearing is being filed.

2. NAME: Enter first name, middle name or initial and last name of the claimant.

3. **SOCIAL SECURITY NUMBER:** Enter the social security number of the claimant.
4. **MAILING ADDRESS:** Enter the complete mailing address, city, state, and zip code of claimant.
5. **TELEPHONE NUMBER:** Enter the claimant's phone number or message phone.
6. **CLAIMANT'S REPRESENTATIVE NAME:** If applicable, enter the name of the claimant's representative or attorney.
7. **PHONE NO:** Enter the phone number of the claimant's representative.
8. **ADDRESS:** Enter the address of the claimant's representative.
9. **DATE:** Claimant enters the date the form is signed.
10. **CLAIMANT'S SIGNATURE:** The claimant signs the form. In the absence of a form completed by the claimant, the worker leaves this line blank. The Hearing Officer may or may not request that the claimant sign the form at the hearing.

COMPLETED BY CHILDREN'S DIVISION ONLY:

11. **CASE DCN:** Enter the Departmental Client Number.
12. **CASE DVN:** Enter the Client Departmental Vendor Number.
13. **COUNTY:** Enter the county in which the Claimant resides.
14. **CLAIMANT IS APPEALING:** Enter a check mark in the box for which the claimant is appealing.
15. **DATE OF NOTICE OR DECISION APPEALED FROM:** Indicate whether the date is that of the Notice of Adverse Action or the date the case data was entered into the system by the worker.
16. **DATE HEARING REQUESTED:** Enter the date of request for the hearing.
17. **DATE HEARING REQUEST FAXED TO DLS HEARING UNIT:** Enter the date the CD-53 is faxed to the DLS Hearing Unit.
18. **HEARING PACKET TO HEARING UNIT:** Check either "yes" or "no" if follow-up documents are being sent to the DLS Hearing Unit.

19. **DATE FOLLOW-UP DOCUMENTS MAILED TO DLS HEARING UNIT:**
Enter the date all follow-up documents were mailed to the DLS Hearings Unit.

20. **SIGNATURE OF CHILDREN'S SERVICE WORKER:** Enter Children's Service Worker signature.

21. **SIGNATURE OF SUPERVISOR:** Enter Supervisor signature.

22. **CD-53 RECEIVED BY:** The person designated by the DLS Hearing Unit to receive the Application for Fair Hearing (CD-53) signs the form.

COMPLETED BY HEARING UNIT ONLY:

23. **DATE CD-53 RECEIVED:** Enter the date the form is received by the DLS Hearing Unit.