

DIVISION OF ADMINISTRATIVE LAW

Request for Appeal of a DCFS Child Protective Investigation Finding

Submission by Facsimile, Mail, or Hand-Delivery

Complete this form (Form B) if you have been notified in writing by the Louisiana Department of Children and Family Services (DCFS) that you were found to be a perpetrator of child abuse and/or neglect in a DCFS child abuse and/or neglect investigation, and you want to challenge (appeal) DCFS's decision regarding the investigation.

Return a completed copy of Form B, with a complete copy of all the pages of the notice you received from DCFS informing you of its adverse determination and of your right to appeal. **Your appeal request will not be processed if submitted without the notice from DCFS.**

Send this information to the Division of Administrative Law. You may submit your information:

By fax: (225) 219-9820, ATTN: DCFS Appeals @ DAL

By mail: Division of Administrative Law
DCFS Appeals @DAL
Post Office Box 44033
Baton Rouge, Louisiana 70804-4033

By hand-delivery: Division of Administrative Law
1020 Florida Street
Baton Rouge, Louisiana 70802
(Entrance on Convention Street, between 10th and 11th Streets)

Appeals are considered filed on the date of postmark when mailed, or on the date of receipt when hand-delivered by 5:00 p.m. Appeals filed by fax are considered filed on the date of receipt when received by 5:00 p.m. Faxed appeal requests received after 5:00 p.m. are considered filed the next business day. Appeals received after 5:00 p.m. on a business day or on a state holiday that falls on a business day, will be stamped received for the next business day.

You may contact the Division of Administrative Law at (225) 342-1800 for further assistance.

I. Requesting Party/Appellant Information

Last Name: _____ First Name: _____

Alias or Maiden Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone Number: _____

II. Attorney Information (if applicable)

Attorney representation is not required to appeal an adverse determination. However, if you do choose to have an attorney represent you, provide the contact information below.

Attorney's Name: _____
Firm/Agency: _____
Address: _____
City: _____ State: _____ Zip Code: _____
E-mail Address: _____
Facsimile Number _____

Please answer all the questions below:

Question #1: Are you a prospective or current employee in a licensed/registered child care setting by the Louisiana Department of Education?

_____ No _____ Yes

Question #2: Are you a current or prospective employee of an Office of Juvenile Justice juvenile facility?

_____ No _____ Yes

Question #3: Are you a current or prospective employee in a specialized provider, juvenile detention facility provider licensed by DCFS?

_____ No _____ Yes

Question #4: Are you a current or prospective employee of DCFS in a position whose duties include the investigation of child abuse or neglect, supervisory or disciplinary authority over children, direct care of a child, or performance of licensing surveys, they may request an expedited appeal?

_____ No _____ Yes

II. Certification

I hereby certify that I am the individual requesting an appeal of DCFS' determination. The information provided is accurate and correct to the best of my knowledge.

_____ I have attached a complete copy of all of the pages of the notice from DCFS advising of its adverse determination and the right to appeal.

Signature

Date