

## ADMINISTRATIVE APPEAL HEARING - FAX COVERSHEET

***This form is to be completed by the local DCS office that received the request. Forms must be faxed within one (1) business day of receipt of the Request for Administrative Appeal Hearing.***

Instructions:

1. Complete all information on this form
2. Attach the original Request for Administrative Appeal Hearing
3. Attach a copy of the Notice of Administrative Review Decision
4. Attach a copy of the Investigation Report/311
5. Fax all of the information to the DCS Hearings Coordinator at 317-234-4497

Name of Alleged Perpetrator	Case Number
Alleged Perpetrator's Address	Name of local DCS Office
Alleged Perpetrator's Phone Number	Date of notice of decision <sup>1</sup>

Type of Investigation: (CHECK ONLY ONE BOX)
<input type="checkbox"/> Parent, Guardian, Custodian <input type="checkbox"/> Child Care Worker <sup>2</sup> <input type="checkbox"/> DCS Employee

Date appeal request received by local office

<sup>1</sup> [Notice of Administrative Review Decision](#) or [Notice of CCWIR Decision](#)

<sup>2</sup> As defined in the DCS policy [2.X: Child Care Worker Investigation Review Process](#)