



315 Deaderick Street
Nashville, TN 37243

Date: _____

Electronic Mail to: _____

c/o _____

Dear: _____

The Department has completed your request for a Formal File Review of the child neglect or child abuse regarding Investigation# _____. The results of your review are listed below.

Children's Name(s)	Date of Report(s)	Type of Allegation	Review Results
Explanation: There is enough evidence to uphold the classification.			

If you do not agree with the findings of this review, you have the right to a hearing before an Administrative Law Judge. To request a hearing, complete the attached form. The form must be sent or faxed to the address/fax number below:

**Administrative Procedures Division
Plaza Tower-Metro Center
200 Athens Way, 2nd Floor, Suite B
Nashville, TN 37243
Telephone: 615-741-1110 Fax: 615-741-4518**

The Administrative Procedures Division **must receive the request form within 20 business days of the date of this notice**. If your request does not reach the Administrative Procedures Division within 20 business days from the date of this notice, absent a show of good cause, you shall waive the right to an administrative hearing. DCS may release its finding of abuse or neglect to any individual or organization in accordance with state/federal law or regulation.

If you have any questions, contact the Administrative Procedures Division at 615-741-1110.

Sincerely,

Cc: Team Leader -
Team Coordinator -
DCS Regional Legal Staff -
Administrative Procedures Division

Administrative Hearing Acknowledgement Form

Date:

Investigation #

To be completed by Alleged Perpetrator:

I acknowledge that I have the right to request an administrative hearing to contest the allegation by DCS that I committed child abuse involving (child/ren's names):

[Completed by Alleged Perpetrator]

Name (Please Print)

Date

Signature

ONLY USE: If the Alleged Perpetrator is/will be a Minor at time of Discharge from DCS Custody

Name of Custodian

Date

Signature of Custodian

Administrative Hearing Request Form

Date:

Investigation #

To be completed by Alleged Perpetrator (may be completed by the Alleged Perpetrator's custodian if the Alleged Perpetrator is a minor):

I request an administrative hearing to contest the allegation by DCS that I committed child abuse involving
(child/ren's names) _____

[Completed by Alleged Perpetrator]

Name (Please Print)

Address

City/State/Zip Code

Telephone Number – Include Area Code (To be completed by Alleged Perpetrator)

[Signature of Alleged Perpetrator] Date _____

Alleged Perpetrator:

Victim(s):

Team Leader:

Team Coordinator:

County: