



ARIZONA DEPARTMENT OF CHILD SAFETY
OFFICE OF LICENSING AND REGULATION
**APPEAL HEARING REQUEST LICENSE DENIAL,
SUSPENSION OR REVOCATION**

Applicant or Licensee Information

Applicant/Licensee/Owner's Name (First, MI, Last)

License Number or Quick Connect ID

Current Address (No. Street, City, State, Zip Code)

Phone Number (include area code)

Email Address

Type of Application or License:

Action Being Appealed: (check one box)

Foster Home Group Home/Shelter Adoption Agency

Denial Suspension Revocation

Why I believe this action is wrong ~ Attach additional pages if necessary

Signature

Date

Please return this form to:

E Mail	U.S. Mail	Physical Office	Fax
OLRAppeals@azdcs.gov or	OLR – Appeal Request P.O. Box 6030, SC C010-20 Phoenix, AZ 85005-6030	Phoenix Corporate Center 3003 N. Central, Rm. 108 Phoenix, AZ 85012	ATT: OLR Appeal Request 602-255-3248

If no acknowledgment of receipt is received within seven (7) calendar days, please contact us at 602-255-2801.

You have the right to:

- 1 Be notified of the time and place of the hearing.
- 2 Appear at the hearing and be heard in person and/or through a representative.
- 3 Present witnesses and evidence at the hearing, confront and cross-examine the Department's witnesses.
- 4 Request a translator be provided or bring you own translator with you, if needed.
- 5 Obtain a copy of any documents in the Department's file on you, and documents the Department may use at the hearing, except documents shielded by the attorney-client or work-product privilege, or as otherwise prohibited by federal or state laws.

Agency Contact Information

Licensing Agency/Child Welfare Agency/Adoption Agency Name

Licensing Specialist or Agency Contact Name

Licensing Specialist or Agency Contact Phone Number

Licensing Specialist or Agency Contact Email

For DCS/OLR Use Only

Request Received by:

Mail Email In Person Fax Courier

Date Request Received

Initials