

**Request for Appeal of a Substantiated Child Abuse or Neglect Finding**  
**(Through the Office of Administrative Hearings)**

In accordance with Alaska Statute 44.64.060, I am requesting a hearing to be scheduled with the Department of Administration's Office of Administrative Hearings for the purpose of appealing a substantiated finding of child abuse or neglect against me as determined by the Office of Children's Services.

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Approximate Date of Substantiated Finding:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Investigating OCS Office:** \_\_\_\_\_

**Requestor (Appellant)**

Name:	
Address:	
Telephone:	Fax:
Email:	

**Requestor's Attorney/Representative (if applicable)**

Name:	
Address:	
Telephone:	Fax:
Email:	

**Statement Supporting Request for Appeal:**

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**Signed:** \_\_\_\_\_

\_\_\_\_\_  
Print name and Relationship to Agency

**Please fax, email, or mail this request attention to:**

Community Relations Manager (Or Designee)  
Office of Children's Services, State Office  
P.O. Box 112631  
Juneau, AK 99811  
Fax: (907) 465-3397  
Email: fcs.ocsccommunications@alaska.gov  
Phone: (907) 465-3548