

**Hearing Request Form**

NAME			PHONE
STREET ADDRESS			
CITY	CITY	ZIP	
LICENSING ACTION			
<input type="checkbox"/> Disqualification <input type="checkbox"/> License Revocation <input type="checkbox"/> License Suspension <input type="checkbox"/> Revocation and Suspension			
<input type="checkbox"/> License Denial <input type="checkbox"/> License Modification <input type="checkbox"/> Civil Penalty			
Will you have representation at the hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO ("Representation" can be anyone: a lawyer, family member, colleague, friend, provider advocate)			
Do you need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you answered yes, what language?			
Are you hearing impaired and in need an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you answered yes, what accommodations will you need?			
Do you need any other special accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you answered yes, please explain what special accommodations you will need:			
PLEASE EXPLAIN WHY YOU ARE APPEALING DCYF'S DECISION:			
SIGNATURE			DATE
Send this form and a copy of the disqualification, suspension or revocation letter to both offices:			
Office of Administrative Hearings P.O. Box 42488 Olympia, WA 98504-2488 Phone: 360 664-8717 Fax: 360 664-8721		DCYF office PO Box 40971 Olympia, WA 98504-0971 Phone: 1-866-482-4325 ext. 4 Fax: 360-586-0052	

You will be notified in writing once a hearing date is set.