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|  |  AGING AND LONG-TERM SERVICES ADMINISTRATION (ALTSA) ADULT PROTECTIVE SERVICES (APS) **APS Administrative Hearing Request** |
| 1. **To be completed by the appellant (the person requesting the administrative hearing)**
 |
| **Basic Information** |
| 1. FULL LEGAL NAME

 | 1. PHONE (MAIN) (AND AREA CODE)

 | 1. ALTERNATIVE PHONE (IF ANY)

 |
| 1. CURRENT ADDRESS

 |
| 1. I AM REQUESTING AN ADMINISTRATIVE HEARING TO CHALLENGE APS’S SUBSTANTIATED INITIAL FINDING BECAUSE (YOU CAN CHANGE THIS LATER):

 |
| 1. DO YOU NEED ASSISTANCE IN THE ADMINISTRATIVE APPEAR PROCESS, SUCH AS AN INTERPRETER OR A DISABILITY ACCOMMODATION?

 |
| **Representative Information** |
| 1. WILL SOMEONE REPRESENT YOU AT THE HEARING?

[ ]  Yes [ ]  No | 1. IS THIS REPRESENTATIVE AN ATTORNEY?

[ ]  Yes [ ]  No |
| 1. REPRESENTATIVE’S NAME

 | 1. REPRESENTATIVE’S ORGANIZATION

 | 1. REPRESENTATIVE’S PHONE

 |
| 1. REPRESENTATIVE’S ADDRESS

 |
| **Signature** |
| 1. SIGNATURE
 | 1. DATE

 |
| 1. **To be completed by APS**
 |
| **Office of Administrative Hearings (OAH) Information** |
|  | APS INVESTIGATION ID |
| OAH PHONE (AND AREA CODE) |
| OAH TOLL FREE HONE |
| OAH FAX (AND AREA CODE) |

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| **APS Administrative Hearing Request** DSHS 27-178 InstructionsYou have a right to request an administrative hearing to challenge a substantiated initial finding made by APS per WAC 388-103-0090. In order to request a hearing, you must send the Office of Administrative Hearings (OAH) the following minimum required information in written form (WAC 388-103-0100):* The full legal name, current address and phone number of the alleged perpetrator;
* A brief explanation of why the alleged perpetrator disagrees with the substantiated initial finding; and
* A description of any assistance needed in the administrative appeal process by the alleged perpetrator, including an interpreter or an accommodation for a disability.

OAH must receive this information by the earlier of these two dates (WAC 388-103-0100):* No later than 5:00 p.m. on the thirtieth (30th) calendar day from the mailing date on the department's letter of notice; or
* No later than 5:00 p.m. on the thirtieth (30th) calendar day from the date the department's letter of notice was personally served upon the alleged perpetrator.

In order to request a hearing, you must either complete this form or submit a written request with the above minimum required information before the date described above to the OAH office provided on this form.**Form instructions:*** Section I – **Required**
	+ Boxes (1) through (4) – provide the requested information.
	+ Box (5) – Explain why you disagree with the initial finding. You can change this later.
	+ Box (6) – Request any assistance in the hearing process. Please include the language if interpretation is needed. Assistance does not include representation (such as providing you an attorney).
* Section I – Optional
	+ Boxes (7) and (8) – Will you have someone represent you? You can change this later.
	+ Boxes (9) through (12) – Provide this information only if you have a representative.

 **Boxes 13 and 14 are required.*** Section II – **Required**
	+ APS will provide the information related to the finding against you and the local OAH office contact information.

**Where to send this form or a written request for an administrative hearing:*** APS will provide a copy of this form along with the substantiated initial finding letter. APS will provide you with the address, phone number, and fax number of your local OAH office.
* Send this form to OAH. **Do not send this form to DSHS.**
* Please send a copy of your substantiated initial finding letter with this form to OAH.
* Please keep a copy of this form for your records.

**How to send this form or a written request for an administrative hearing:*** You can mail or fax an administrative hearing request to OAH.
* If you fax your request, you must mail a copy of the request on the same day.
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