## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities

## DEVELOPMENTAL HOME LICENSE DENIAL, REVOCATION OR SUSPENSION HEARING REQUEST

**APPLICANT OR LICENSEE INFORMATION** 

Applicant/Licensee's Nam	e:		
Spouse's Name:			
Current Address (No., Stre	eet):		
City:		State:	ZIP Code:
Phone No.:	Email Ad	ldress:	
License/QCID No:		_ License Issue Date:	License Expiration Date:
Action Being Appealed (C	heck One)		
Denial Revocation	n Suspension	Date of Notice Letter:	
I am requesting a hearing	for the following reaso	ns: (Attach additional pages if	necessary)
A 15 145 1 00			
Spouses's Signature:			Date:
Spouses's Signature:	LICENSII	NG AGENCY INFORMA	Date:
Spouses's Signature:	LICENSII	NG AGENCY INFORMA  Licensing Specialis	Date: TION t's Name:
Spouses's Signature:  Agency's Name:  Phone No.:	LICENSII	NG AGENCY INFORMA  Licensing Specialis	Date:
Spouses's Signature:  Agency's Name:  Phone No.:  You have a right to:  1. Be notified of the time 2. Copy, before or durin    Department may use    product privilege, or a 3. Appear at the hearing 4. Present witnesses an	Email Address: e and place of the hear g the hearing, any doc at the hearing. The ex as otherwise prohibited g and be heard in pers d evidence at the hea	ring. cuments in the Department's file (ception would be documents so d by federal or state laws. on and/or through a representating, confront and cross-exami	Date: TION  t's Name:  e about you, and documents the shielded by the attorney-client or work- ative. Ine the Department's witnesses.
Spouses's Signature:  Agency's Name:  Phone No.:  You have a right to:  1. Be notified of the time 2. Copy, before or durin    Department may use    product privilege, or a 3. Appear at the hearing 4. Present witnesses an	Email Address: e and place of the hear g the hearing, any doc at the hearing. The ex as otherwise prohibited g and be heard in pers d evidence at the hear ator be provided or brit	ring.  cuments in the Department's file (ception would be documents at by federal or state laws.)  on and/or through a representating, confront and cross-examing your own translator with you	Date: TION  t's Name: e about you, and documents the shielded by the attorney-client or work- ative. ne the Department's witnesses. u, if needed.
Spouses's Signature:  Agency's Name:  Phone No.:  You have a right to:  1. Be notified of the time 2. Copy, before or durin     Department may use     product privilege, or a 3. Appear at the hearing 4. Present witnesses an 5. Request that a transla	Email Address: e and place of the hear g the hearing, any doc at the hearing. The ex as otherwise prohibited g and be heard in pers d evidence at the hear ator be provided or bri	Licensing Specialist Licensing	Date: TION  t's Name:  e about you, and documents the shielded by the attorney-client or work- ative.  ne the Department's witnesses.  u, if needed.
Spouses's Signature:  Agency's Name:  Phone No.:  You have a right to:  1. Be notified of the time 2. Copy, before or durin     Department may use     product privilege, or a 3. Appear at the hearing 4. Present witnesses an 5. Request that a transla	Email Address: e and place of the hear g the hearing, any doc at the hearing. The exas otherwise prohibite g and be heard in pers d evidence at the hea ator be provided or bri	Licensing Specialist Licensing	Date: TION  t's Name: e about you, and documents the shielded by the attorney-client or work- ative. In the Department's witnesses.  u, if needed.  Request was Received:

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.