

# DEVELOPMENTAL HOME LICENSE DENIAL, REVOCATION OR SUSPENSION HEARING REQUEST

## APPLICANT OR LICENSEE INFORMATION

Applicant/Licensee's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Current Address (No., Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

License/QCID No: \_\_\_\_\_ License Issue Date: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Action Being Appealed (*Check One*)

Denial      Revocation      Suspension      Date of Notice Letter: \_\_\_\_\_

I am requesting a hearing for the following reasons: (*Attach additional pages if necessary*)

Applicant/Licensee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouses's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LICENSING AGENCY INFORMATION

Agency's Name: \_\_\_\_\_ Licensing Specialist's Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

You have a right to:

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

## FOR DES/OLCR USE ONLY

Request Received By: \_\_\_\_\_ Date/Method Request was Received: \_\_\_\_\_

U.S. Mail \_\_\_\_\_ In Person \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_ Other \_\_\_\_\_