

## Request for an Untimely Hearing

Name (*Last, First, M.I.*): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (*Number, Street*): \_\_\_\_\_

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

*The address you provide will be used to mail all correspondence related to this request.*

1) Did you receive the original administrative hearing notification letter advising you of APS's intent to place your name on the APS Registry and your rights?    Yes      No

a) If you **did** receive the original administrative hearing notification letter, provide an explanation for why you did not request a hearing within 15 calendar days of the letter date (*You may provide additional pages as necessary*).

b) If you **did not** receive the original administrative hearing notification letter, provide an explanation for why you think you did not receive the letter (*You may provide additional pages as necessary*).

2) Please provide a statement explaining why you are requesting an untimely administrative hearing (*You may provide additional pages as necessary*).

By signing below, I attest that the information contained herein is accurate to the best of my knowledge and that the mailing address provided is up-to-date at the time of my signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send this form to:** Substantiation and Registry Team  
Adult Protective Services  
DES/DAAS  
1789 W. Jefferson St., MD 6272  
Phoenix, AZ 85007

**Or e-mail:** [apssubstantiationregistry@azdes.gov](mailto:apssubstantiationregistry@azdes.gov)