Arizona Department of Economic Security Adult Protective Services

Request for an Untimely Hearing

Name (Last, First, M.I.):			Date of Birth:	
Ma	ailing Address <i>(Νι</i>	umber, Street):		
Cit	y:	State:	ZIP Code:	
Th	e address you pro	ovide will be used to mail all correspondence relate	ed 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 <i>did</i> 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 (<i>You may provide additional pages as necessary</i>).			
	roquost a me	varing within 10 daterials days of the lotter date (70	a may provide additional pages as necessary).	
	, •	ot receive the original administrative hearing notificed not receive the letter (You may provide additional	•	
2)	Please provide a	a statement explaining why you are requesting an ເ s as necessary).	untimely administrative hearing (You may provide	
		attest that the information contained herein is accu vided is up-to-date at the time of my signature.	rate to the best of my knowledge and that the	
Siç	gnature:		Date:	
Se	end this form to:	Substantiation and Registry Team Adult Protective Services DES/DAAS 1789 W. Jefferson St., MD 6272 Phoenix, AZ 85007		

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 the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services 7-1-1 • Disponible en español en línea o en la oficina local

Or e-mail: apssubstantiationregistry@azdes.gov