

Hearing Request Administrative Review and Contested Case Hearing for Providers

1. Name of subject individual (<i>claimant</i>):	2. Date of birth:	3. Social Security number (<i>voluntary</i>):
4. Mailing address/street:		5. Home/message phone:
City	State/	ZIP code
7. Name of attorney (<i>optional</i>):		8. Phone number of attorney:
9. Address of attorney:		
10. Explain why you disagree with the determination. Attach any additional pages if necessary.		
11. Is an interpreter or alternate format required? (<i>list need</i>)	12. Signature:	13. Date signed:

If you are approved with restrictions or denied, you have the right to a hearing. The request for hearing must be received within 45 days of the effective date of determination (*box 9 of the Notice of Fitness Determination (DHS 300)*). Complete this Hearing Request Form (DHS 299), mail it with a copy of the Notice of Fitness Determination (DHS 300) and a copy of Background Check Request form (DHS 301) to: DHS-BCU Appeals, PO Box 14870, Salem OR 97309-5066.

Note: child care providers only need to submit this DHS Hearing Request form (DHS299) and the Notice of Fitness Determination (DHS300CC).

Listing your Social Security number (SSN) is optional. The department requests the SSN solely for the purpose of positively identifying you.

See your DHS Background Check Request Form instructions and the Notice of Fitness Determination (DHS 300) for further information. The contested case hearing will be held before an impartial administrative law judge and is usually conducted by phone. You may have witnesses testify on your behalf. The DHS Background Check Unit will conduct an administrative review; if you do not participate, your hearing rights will be terminated unless you can provide good cause.

DHS Agency use only	Date request received:	DHS Hearings Representative:	DHS Representative signature:	Date signed:
	Date form received:	Issue code:	Agency: DHS Background Check Unit PO Box 14870 Salem OR 97309-5066	Phone number: 503 378-5470