

Hearing Request

Informal Administrative Review and Contested Case Hearing

1 Name of Subject Individual (Claimant)	2 Date of Birth	3 Social Security Number (Voluntary)
4 Mailing Address Street City State Zip	5 Home/Message Phone	
	6 Date Notice of Final Fitness Determination Signed	
7 Name of Lawyer or Representative (If applicable)	8 Phone of Lawyer/Representative	
9 Address of Lawyer/Representative		
10 Explain why you disagree with the Fitness Determination. Attach additional pages if needed.		
11 Is an interpreter or alternate format required? (list need)	12 Signature	13 Date Signed

If you are denied or restricted following a DHS criminal history check, you may request a hearing. To request a hearing, this form must be completed and received by the agency listed below within **45 days** of the date the **Notice of Final Fitness Determination** (DHS 300) was signed. Attach a copy of your **DHS Criminal History Request** (DHS 301) and the **Notice of Final Fitness Determination** (DHS 300). Completing this form also allows you to have an informal administrative review before the hearing. You may stop the appeal process at any time.

The hearing is held before an impartial administrative law judge. It is usually conducted by phone. You may have witnesses testify on your behalf. You have a right to be represented by an attorney. If you cannot afford an attorney but wish to be represented, contact Legal Aid Services in your county or contact the Oregon State Bar at 1-800-452-8260.

If “ASFA Crime” is checked on the **Notice of Final Fitness Determination**, your denial is required by federal law (Public Law 105-89, the Adoption and Safe Families Act, 1997).

If you believe your criminal record is incorrect, you must contact the law enforcement agency that is the holder of the record. Contact information can be found in the instructions included with the **DHS Criminal History Request** (DHS 301).

You may attach additional information which you believe will help explain why you should be approved.

DHS/ Agency Use Only	Date Request Rcvd	DHS Hearings Representative	DHS Representative Signature	Date Signed	Phone Number 503 378-5470
	Date Form Rcvd	Issue Code	Agency DHS Criminal Records Unit, PO Box 14870, Salem OR 97309-5066		