



Oral Request for Fair Hearing

[Community-based care (CBC) or Department staff must use this form to document oral requests for fair hearings from young adults. A request for a fair hearing may be oral or written, although the young adult is encouraged to submit it in writing. Within one (1) business day of receipt of an oral request, CBC staff shall forward the form and a copy of the original notice of adverse action to the legal representative for the Department and the Department's Office of Appeal Hearings.]

Florida Department of Children and Families
(Please check the applicable program.)

Extended Foster Care

Postsecondary Education Services and Support ("PESS")

Aftercare Services

This oral request for fair hearing is documented by:

Name (Case Manager/Designated Staff)

Date

Address

City

State

Zip Code

Phone

Email

A hearing has been requested by:

Name

Date of Birth

Address

City

State

Zip Code

Phone

Email

Date of Request

Oral Request for Fair Hearing

[Insert name of community-based care agency]

has decided to take the following action regarding the individual's eligibility for or receipt of one of the above-listed services for young adults formerly in foster care:

The individual has stated that he/she is not satisfied with this action and is requesting a hearing for the following reasons:

This hearing request must be faxed or e-mailed within one (1) business day to the following addresses. For individuals who do not have a fax number or e-mail address, this hearing request shall be sent by certified mail. A copy of the notice to which this request pertains should accompany this request for hearing.

1. Department of Children and Families
Office of Appeal Hearings
2415 N. Monroe St., Suite I, Room 129
Tallahassee, FL 32303-4190
Fax: (850) 487-0662
E-mail Address: Appeal.Hearings@myflfamilies.com

2. Office of the Attorney General
Civil Division
PL-01 The Capitol
Tallahassee, FL 32399-1050
Fax: (850) 488-4872
Email Address: oag.civil.eserve@myfloridalegal.com

3. Young Adult:
Name: _____
Address: _____
City, State, Zip Code: _____
Telephone number/E-mail: _____

Oral Request for Fair Hearing

4. Young Adult's Authorized Representative (if applicable):

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone number/E-mail: _____

5. Department of Children and Families' Regional Legal Counsel

Name: _____

Address: _____

City, State, Zip Code: _____

Fax: _____

Telephone number/E-mail: _____

6. Department of Children and Families' Legal Representative

Name: _____

Address: _____

City, State, Zip Code: _____

Fax: _____

Telephone number/E-mail: _____