

Request for Fair Hearing (cont'd)

My attorney's contact information (if applicable) is:

Attorney's Name

Address

City

State

Zip Code

Phone

Email

Case Manager/Designated Staff:

I acknowledge that I have received this request for a fair hearing on ____/____/____.
(Date)

Name (Print)

Signature

Agency

Phone

Email

[A copy of this signed form shall be provided to the young adult by the case manager/designated staff.]

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: _____

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: _____