

FOR DEPARTMENT USE ONLY

STATE OF HAWAII

Date Request was Received: _____

Department of Human Services, Social Services Division

CHILD WELFARE SERVICES BRANCH

Name of Worker and Phone Number: _____

CWS Unit Name and Address: _____

REQUEST FOR ADMINISTRATIVE HEARING

Print your name and mailing address: _____

I would like an Administrative Hearing because I do not agree with the decision of the Child Welfare Services (CWS) child abuse and/or neglect investigation.

You have the right to identify someone to be your Authorized Representative to represent you in the Administrative Hearing. If this is what you want, complete the sentence below.

I want _____ as my
print the individual's name and mailing address

Authorized Representative to represent and act for me in the Administrative Hearing.

You must sign this form to complete your request for an Administrative Hearing and you must return this form to the CWS unit that is listed above within 90 calendar days of the date of the Notice informing you of your being a confirmed perpetrator if you want an administrative hearing.

Your Signature

Date

- 1 copy to AAO
- 1 copy to the Client
- 1 copy for the Case Record