



ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILDREN AND FAMILY SERVICES  
Request for Expedited Administrative Hearing

**I. ALLEGED OFFENDER**

CHRIS REFERRAL#

Name

Employer

**II. INVESTIGATOR**

I request an expedited administrative hearing for the above alleged offender. The alleged offender is employed at a school or engaged in child-related employment/activities and/or works with the elderly or individuals with disabilities or mental illness. For reasons of public safety, an expedited hearing is warranted.

Date Investigation Completed (mm/dd/yy):

Name of Investigator

Signature of Investigator

Date (mm/dd/yy)

**III. SUPERVISOR**

The request for an expedited administrative hearing is:

APPROVED

NOT APPROVED

Name of Supervisor

Signature of Supervisor

Date (mm/dd/yy)

**IV. AREA DIRECTOR**

The request for an expedited administrative hearing is:

APPROVED

NOT APPROVED

Name of Area Director

Signature of Area Director

Date (mm/dd/yy)

Received by Office of Appeals and Hearings on: \_\_\_\_\_ by \_\_\_\_\_  
Date (mm/dd/yy) Name