



**Arkansas Department of Human Services
Division of Children and Family Services
Administrative Hearing Statement**

I. Name of Petitioner: _____
Petitioner's SSN: _____
Address of Petitioner: _____ Phone: _____
Petitioner Represented by: _____
Date of Filing Appeal: _____
Worker Number: _____ Case Number: _____
Policy Manual Section on which Complaint is based: _____

II. The Nature of the Complaint:

III. Summary of the Investigation Resulting from the Complaint:

IV. Founded Unfounded Verification Used in Making the Decision:

V. Legal Aid Available:

Name _____

Address _____

VI. Investigator:

Name _____

Signature _____

Date _____

VII. The investigator requests that the following persons be subpoenaed to present testimony on behalf of the County Office at the Administrative Hearing of the petitioner named on the reverse side of this form.

Name _____

Address _____

Telephone Number _____

Name _____

Address _____

Telephone Number _____

Name _____

Address _____

Telephone Number _____

Name _____

Address _____

Telephone Number _____