

Instructions

CFS-320

The CFS-320 is used to state the DCFS County Office's position on any founded or unfounded Child Maltreatment complaint which has resulted in a request for an Administrative Hearing.

COMPLETION

- I. Insert petitioner's name, Social Security number, address, petitioner's representative (if he/she is represented), date of filing of the appeal, petitioner's phone number, the case number of the child involved. Include the policy reference on which the complaint is based.
- II. Clearly state the nature of the complaint that resulted in the request for a hearing.
- III. Summarize the facts and evidence found during the investigation that support the complaint.
- IV. Indicate if complaint is founded or unfounded and itemize and explain what verification was used to make the decision.
- V. Name and address of a free legal aid provider.
- VI. The name, signature, and date of the individual who prepared this statement and will represent the Division at the Administrative Hearing.
- VII. List the names and addresses of any witnesses the investigator wishes to subpoena to the hearing.

ROUTING

The **county office** shall:

Mail the original to the petitioner 10 working days prior to the date of the Administrative Hearing

Mail one copy to the Administrative Hearing Section 10 working days prior to the date of the hearing

Mail one copy to the Protective Service Unit, Field Operations Support

Retain one copy in the hearing file to be read into the record at the hearing

Retain one copy in the count case record.