

## **APPEAL RIGHTS**

Under WAC 110-03-0490 and RCW 34.05.464, this order becomes final 21 calendar days after the date of mailing, unless:

1. You or any party files an appeal (request for review) with the DCYF Board of Appeals within 21 calendar days after the date this order was mailed (see date of mailing in Declaration of Service above); or
2. You or any party files a request for extension of the 21-day deadline, and the review judge determines you have a good reason for an extension under WAC 110-03-0520(2); or
3. You or any party files a late request for review no more than 30 calendar days after the 21-day deadline, and the review judge determines you have good cause for a late request for review under WAC 110-03-0520(3).

The mailing address for filing a request for review is:

### **Mailing Address:**

**DCYF Board of Appeals  
PO Box 40982  
Olympia, WA 98504-0892  
Fax: (360) 586-5934**

If you choose to file a request for review, you may use the form and instructions that accompany this order.

BOARD OF APPEALS

**Petition for Review of Initial Decision (Appeal)**

Print or type detailed answer. Add more pages if needed. You may use your own form.

NAME(S) (PLEASE PRINT) \_\_\_\_\_ DOCKET NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

TELEPHONE AREA CODE AND NUMBER \_\_\_\_\_

Please explain why you want the initial decision or order changed. Try to be specific and attach any additional information. For example, tell us:

- Why you think that the decision is wrong (why you disagree with it).
- If the findings of facts are wrong, based on what was presented at the hearing.
- Whether you are claiming any legal defenses (e.g. WAC 110-03-0440 Equitable Estoppel)
- How the decision should be changed.

I ask for review of the initial decision because...

Per the instructions on the next page, please check all that apply to you.

I am a Non-English speaking person. I cannot readily read or understand the English language. My primary language

is \_\_\_\_\_  
(INSERT PRIMARY LANGUAGE)

Is \_\_\_\_\_  
INSERT YOUR PRIMARY LANGUAGE

I am unable to readily understand or communicate the written English language because:

- I am deaf or have a hearing impairment.
- I am visually challenged.
- Other (please explain):

I have attached \_\_\_\_\_ (number) pages.

PRINT YOUR NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Deadline: Received on or before 21 days from mail date of Initial Decision**

Mail to: DCYF Board of Appeals  
PO Box 40982, Olympia WA 98504-0982  
Fax: (360) 586-5934

INITIAL ORDER  
Docket No. 084732  
8500 – DCYF

Office of Administrative Hearings  
P.O. Box 42489  
Olympia, WA 98504-2489  
Phone: (800) 583-8271  
Fax: (360) 586-6563