



Hearing Request Form

Name	Telephone # ()
Address, City, State, Zip Code	
Child Care Licensing Action: <input type="checkbox"/> Disqualification <input type="checkbox"/> License Revocation <input type="checkbox"/> License Suspension <input type="checkbox"/> Revocation and Suspension <input type="checkbox"/> License Denial <input type="checkbox"/> License Modification <input type="checkbox"/> Civil Penalty	
Do you think you will have representation at the hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No (“Representation” can be anyone: a lawyer, family member, colleague, friend, provider advocate)	
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, what language? _____	
Are you hearing impaired and need an accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please explain what you need: _____	
Do you need any other special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please explain what you need: _____	
Please explain why you are appealing this decision by the Department of Children, Youth, and Families: _____ 	
Your Signature:	Date:

Send this form and a copy of the disqualification, suspension or revocation letter to:

Office of Administrative Hearings
P.O. Box 42488
Olympia, WA 98504-2488
Phone: (360) 407-2700
Fax: (360) 664-8721

and The local DCYF Child Care Licensing office
City, WA Zip Code

You will be notified in writing once a hearing date is set.