



REQUEST FOR 1st LEVEL CHILD PROTECTION SERVICE ADMINISTRATIVE REVIEW

This form must be completed and submitted to the Division of Family and Children (DFCS) within the required appeal period or your request for a review will be rejected and your right to a review will be waived. Please Print.

Requestor's Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Will you need accommodations or a language interpreter? Yes No If yes, enter language (including sign language) or accommodation: _____

Case Information

Case ID Number: _____ (Located on the Notice of Child Protective Services Substantiation)

What type of review are you requesting: Desk Review In person Review

If you are a DFCS foster or adoptive parent, or the abuse investigation involved a child placing agency, child caring institution, psychiatric residential treatment facility, or private or public school please indicate the following:

Agency/School: _____

Director/Principal: _____

Address: _____

Address: _____

Phone Number: _____

Attorney Information

Will you have an attorney attend: NO YES If yes, please provide the following information:

Attorney Name: _____

Address: _____

Address: _____

Phone Number: _____

Requestor's Signature _____ Date: _____

Submit this form and a copy of the Notice of Child Protective Services Substantiation or Notification of Protective Services Investigation Outcome to a Minor to:

DFCS-ACRRequest@dhs.ga.gov

In the subject line of the email, please type the following: 1st Level CPS Admin. Review – (First Initial, Last Name).
Example: 1st Level CPS Admin. Review – J. Doe