

Date: _____

Substantiation Reviews
Office of Child and Family Services
Department of Health and Human Services
11 State House Station
Augusta ME 04333-0011

To Whom It May Concern:

I am writing to appeal an indication that was issued against me on _____ (original date of indication). It is my understanding that the indication was upheld at the paper review stage. I dispute the allegations in the indication. I dispute that the facts as described by DHHS rise to the level of an indication. I request a fair hearing.

In support of my request for a fair hearing, I have suffered or am likely to suffer the following collateral consequences:

- Loss of employment, or denial of a good faith application for employment in a position for which the applicant was qualified.
- Loss or denial of a license or benefits issued by a federal, state or municipal government.
- Expulsion from or denial of admission to an educational program, or admission to an educational program where employers in that field are required to consult with the Department to determine whether employees have been substantiated for child abuse or neglect.
- Deprivation of a life, liberty or property interest that is protected by the Due Process Clause under the Fourteenth Amendment to the United States Constitution or Article I, Section 6-A of the Maine Constitution.

Thank you for your attention to this matter,

Signed: _____

Name (Print): _____

Address: _____
