



ADMINISTRATIVE REVIEW REQUEST

Purpose: Use this form to request an administrative review of the findings in a Child Protective Investigation.

Directions: Complete the form and mail it to:

Texas Department of Family and Protective Services
 ATTN: Office of Appeals; Mail Code Y-946
 PO Box 149030
 Austin, TX 78714-9030

This form must be returned within forty-five (45) days from receipt of the Notice of Findings. For questions, you may contact your CPI caseworker.

The completed form may also be emailed to dfpsofficeofappeals@dfps.texas.gov

INFORMATION ABOUT PERSON REQUESTING REVIEW

Full Name:		Phone Number (include area code):
Street Address or P.O. Box:		Email Address:
City:	State:	ZIP Code:

CASE IDENTIFICATION

Case Name:	Case Number:
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COMMENTS

Please provide a brief statement why you disagree with the findings of the investigation:



SIGNATURE

Person Requesting Review:

X

Date Signed: