



## ADMINISTRATIVE REVIEW REQUEST

**Purpose:** Use this form to request an administrative review of the findings in a CPI investigation.

**Directions:** Complete the form and mail it to:

Texas Department of Family and Protective Services  
ATTN: ARIF Mail Code W-157  
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 [CPI ARIF Requests](#)

INFORMATION ABOUT PERSON REQUESTING REVIEW		
Full Name:	Phone Number (include area code):	
Street Address or P.O. Box:		
City:	State:	ZIP Code:
CASE IDENTIFICATION		
Case Name:	Case Number:	
COMMENTS		
Make a short and direct statement why you disagree with the findings of the investigation: <div style="border: 1px solid black; height: 300px; margin-top: 10px;"></div>		



**SIGNATURE**

Person Requesting Review:

X

Date Signed: