

## **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

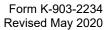
PO Box 149030

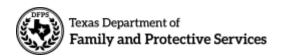
Austin, TX 78714-9030

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:		





SIGNATURE		
Person Requesting Review:	Date Signed:	
X		