



REQUEST FOR APPEAL OF THE CA/N ASSESSMENT DECISION/TIER DESIGNATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 462 (5-2024)

This process is available to appeal the child abuse and neglect assessment decision and the child protection tier designation.

Name of Person Requesting Review		Telephone Number	
Mailing Address	City	State	ZIP Code
Names of all children listed as victims in the decision you are requesting to appeal			
Which human service zone issued the assessment decision?			
Review requested information regarding <input type="checkbox"/> Child abuse and neglect decision <input type="checkbox"/> Child protection tier designation			
Provide concise statement of why you disagree with the department's decision. A statement of the relief sought must be included: 			
Signature		Date	

Appeal form must be filed with Appeals supervisor, Department of Health and Human Services, 600 E Boulevard Ave-Dept. 325, Bismarck ND 58505-0250.

Request for appeal may be filed no sooner than the date of a case decision and no later than thirty days from the date of notification of the case decision.