REQUEST FOR APPEAL OF THE CA/N ASSESSMENT DECISION

ND DEPARTMENT OF HUMAN SERVICES

CHILDREN & FAMILY SERVICES

SFN 462 (2-2011)

Clear Fields

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

1. Name of Person Requestion Review		Telephone Number	
Address (Street)	City	State	ZIP Code
2. Name of Child(ren) Named in Report			
Address (Street)	City	State	ZIP Code
3. In Which County Did Assessment take Place?			
4. Provide concise statement of why you disagree with the assessment decision. A statement of the relief sought must be included:			
Signature		Date	

Appeal form must be filed with Appeals supervisor, Department of Human Services, 600 E Boulevard Ave, Bismarck ND 58505.

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.