

## Family Services Appeal Request

I/we have the right to request a fair hearing within **thirty (30) calendar days** of receiving written notice of a local department decision in a foster care or adoption case.

1. I/ we want a hearing to appeal the decision related to the following case:

A. Type of case (check one):

- Foster Care                       Adoption

B. Case information

If you are appealing decisions for multiple children, a separate form is needed for each child.

Name of LDSS:		
Name of child:	OASIS Case Number:	
Name of person appealing (appellant):		
Appellant's relationship to child/family:		
Address:		
City:	State:	Zip:
Phone#:	Email:	

C. Authorized Representative

I authorize the following person (relative, friend, attorney, or other person) to help me with the appeal and/or to act on my behalf.

Name of authorized representative:		
Relationship to foster/adoptive parents:		
Address:		
City:	State:	Zip:
Phone#:	Email:	

2. Please provide a detailed description of what you wish to appeal. If additional space is needed, you may attach additional pages.

Additional pages attached            yes            no            Number of additional pages \_\_\_\_\_

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3. Attach the following items when submitting this form to the Appeals and Fair Hearings Unit.
- Copy of the LDSS Notice of Action or other written notice, notifying you of the decision;
  - For Foster Care cases, a copy of the Service Plan, if available;
  - For Adoption Assistance cases, a copy of the Adoption Assistance Agreement and any subsequent addendums, if available; and,
  - Any documentation that would support your appeal.

4. Assistance with completing the form  
If you need help, the local department will help you complete this form and will help prepare you for the appeal. The local department can also give you information about legal services in your community that can help you.

5. Signatures:

_____	_____
Appellant	Date
_____	_____
Appellant	Date
_____	_____
Agency Representative or person helping to complete the form	Date

Mail Forms

Please send this completed form, along with the other documentation, within **thirty (30) days** of receiving the local department's Notice of Action, or other written notice, to:

Appeals and Fair Hearings Unit  
Virginia Department of Social Services  
801 East Main Street  
Richmond, VA 23219-2901