

# Commonwealth of Massachusetts

## Department of Children and Families

### Fair Hearing Request Form

tel. 617-748-2030/fax 617-748-2062

Complete this online form to request a Fair Hearing. If you are an Attorney filing on behalf of the Appellant, please attach a Notice of Appearance to this request and provide your information below.

Please note that only certain decisions of the Department can be appealed to the Fair Hearing Unit, pursuant to Department regulation 110 CMR 10.06. Requests submitted during business hours shall be considered filed on that day. Requests submitted after business hours, including weekends or holidays, shall be considered filed the next business day. Pursuant to Departmental regulation 110 CMR 10.10(2) the Appellant will be notified within 20 business days of receipt of the request whether a hearing has been scheduled.

Your information (Please provide as much information as possible. Mandatory fields have a red asterisk)

Section 1: Appellants			
Appellant 1 (person requesting appeal)			
First Name: *	Jenny	Last Name: *	Smith
Address: *	123 Rock Road	City: *	Rocktown
State: *	Massachusetts ▼	Zip Code: *	00001
Primary Phone: *	617-000-0000		
Email: *	jsmith12345@gmail.com		Preferred Language: *
English ▼		Interpreter: Yes <input type="radio"/> No <input type="radio"/>	

Are you requesting reasonable accommodations for your fair hearing? If so, please describe reason for accommodation request:

Due to my anxiety, I would like to invite a support person to my hearing.

For information for people with disabilities, click [here](#) for resources

Appellant 2 (if applicable)			
First Name:		Last Name:	
Address:		City:	
State:	Massachusetts ▼	Zip Code:	
Primary Phone:			
Email:		Preferred Language:	Select... ▼
Interpreter: Yes <input type="radio"/> No <input type="radio"/>			

<b>Attorney or Authorized Representative (if applicable)</b>			
First Name:		Last Name:	
Address:		City:	
State: Massachusetts ▼	Zip Code:	Primary Phone:	
Email:	Preferred language: Select... ▼	Interpreter: Yes <input type="radio"/> No <input type="radio"/>	

**Section 2: Decision Being Appealed**

**If more than one decision is being appealed, please specify the date of decision for EACH decision being appealed:**

Decision appealed: * Supported allegation of abuse or neglect ▼	Date of decision: * 3/5/2023
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If "Supported allegation of abuse or neglect" is selected, please list the child(ren) involved:

Robert T. Smith and Jessica L. Smith

If "Other" is selected, please provide detail:

DCF office that made decision: Park Street Area Office ▼
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**If the decision was made by an agency other than DCF, Please provide name and address.**

Non DCF Agency Name:
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Non DCF Agency Address:
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**Additional Decision appealed**

Decision appealed: Select... ▼	Date of decision:
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If "Supported allegation of abuse or neglect" is selected, please list the child(ren) involved:

If "Other" is selected, please provide detail:

DCF office that made decision: Select... ▼
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**If the decision was made by an agency other than DCF, please provide name and address.**

Non DCF Agency Name:
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Non DCF Agency Address:
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Please attach a copy of the notice(s) DCF sent you regarding the decision(s) you are appealing.

Click to Attach Notice 1

Click to Attach Notice 2

Click here to add the letter DCF sent you with the decision you are appealing. You can take and attach a photo of the decision.

I, **Jenny Smith**, (please type your name), hereby submit a request to the Department of Children and Families for a Fair Hearing in order to appeal the above decision(s). I acknowledge that, in accordance with 110 CMR 10.08, this form must be submitted to both the Fair Hearing Office and the area office where the decision was made within 30 calendar days of the decision date or receipt of written notice. By submitting this request, I/we consent to receiving electronic documents from the Fair Hearing Office.

Additional Information:

***If you did not receive the decision you are appealing in writing (usually in a letter), write that here.***

\* Click here to sign

Once you have clicked and signed here, you will be able to submit this request and a copy of this request will be emailed automatically to the email address you provided.