



# Request for Fair Hearing

Date: \_\_\_\_\_

To Whom It May Concern:

My name is \_\_\_\_\_, and I am asking for a fair hearing about a notice I received. I want to appeal the decision (*check one of the following*):

\_\_\_\_\_ Denying my application, or discharging me from the Extended Foster Care program; or

\_\_\_\_\_ Denying my application or terminating me from Postsecondary Education Services and Support (PESS).

\_\_\_\_\_ Denying my application for the Aftercare Program or denying, reducing, or changing my benefits.

I believe that the decision about my application or termination or reduction of benefits is wrong because:

*(Include any information or attach any documents that you think would help you. Attach any extra pages you need to explain your situation.)*

---

---

---

---

---

---

---

My contact information is:

Address City State Zip Code

Phone

Email

Young Adult's Signature

Date

## Request for Fair Hearing (cont'd)

My attorney's contact information (if applicable) is:

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

### Case Manager/Designated Staff:

I acknowledge that I have received this request for a fair hearing on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Date)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

[A copy of this signed form shall be provided to the young adult by the case manager/designated staff.]

This hearing request must be faxed or e-mailed within one (1) business day to the following addresses. For individuals who do not have a fax number or e-mail address, this hearing request shall be sent by certified mail. A copy of the notice to which this request pertains should accompany this request for hearing.

1. Department of Children and Families

Office of Appeal Hearings  
1317 Winewood Boulevard  
Tallahassee, FL 32399-0700  
Fax: (850) 487-0662  
E-mail Address: Appeal.Hearings@myflfamilies.com

2. Young Adult:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone number/E-mail: \_\_\_\_\_

3. Young Adult's Authorized Representative (if applicable):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone number/E-mail: \_\_\_\_\_

4. Department of Children and Families' Regional Legal Counsel

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Telephone number/E-mail: \_\_\_\_\_

5. Department of Children and Families' Legal Representative

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Telephone number/E-mail: \_\_\_\_\_