



Clear

ORAL REQUEST FOR FAIR HEARING

[CBC or department staff will use this form to document oral requests for fair hearings from young adults in accordance with 45 CFR 1355.30. A request for a fair hearing may be oral or written, although the individual is encouraged to submit it in writing. This form must be used to document an oral request for a fair hearing. Within 24 hours of receipt of an oral request, CBC staff shall forward the form and a copy of the original notice of due process to the Region Independent Living Program Administrator, Region Legal Counsel, and to the Department's Office of Appeal Hearings.]

FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

Independent Living Fair Hearing Request

A hearing has been requested for:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Social Security Number: _____

If applicable, enter "ext." and extension number

The _____ has decided to take the following action regarding the individual's eligibility for or receipt of Independent Living benefits:

The individual has stated that he/she is not satisfied with this action and is requesting a hearing for the following reasons:

The ☐ CBC's ☐ Department's Representative is: _____

This hearing request must be faxed within 24 hours to the following address. A copy of the letter to which this request pertains should accompany this request for hearing.

Fax #: (850) 487-0662

Department of Children and Families
Office of Appeal Hearings
1317 Winewood Boulevard
Tallahassee, FL 32399-0700

Name:

Address:

City, State, Zip:

Telephone Number:

Date of Request:

If applicable, enter "ext." and extension number

Name & Telephone # of person taking request:

The Authorized Representative (if applicable) is:

Name:

Address:

City, State, Zip: