

West Virginia Office of Inspector General
Board of Review
CPS/APS Hearing Request Form

This form is to be used for CPS/APS cases when an individual wishes to have maltreatment findings removed from their record.

CPS APS (CHOOSE ONE)

PART I – TO BE COMPLETED BY APPELLANT

(Forward completed form to OIGBOR@WV.GOV or the supervisor)

NAME: _____ COUNTY OF RESIDENCE: _____

OTHER NAMES YOU HAVE USED: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ LAST 4 DIGITS OF SOCIAL SECURITY NO.: _____

I have been advised that there are one or more substantiated maltreatment findings against me. I am requesting the Department of Human Services (DHS) remove all findings from my record - if the DHS does not remove all maltreatment findings, I request a Board of Review hearing. (I understand that I will be notified whether all findings have been removed from my record within 35 days of this request)

Briefly explain why you are requesting a hearing:

If a hearing is scheduled, I will be represented by: MYSELF ATTORNEY OTHER

NAME OF REPRESENTATIVE: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

SIGNATURE OF APPELLANT: _____ **DATE:** _____

PART II – TO BE COMPLETED BY DEPARTMENT DISTRICT/REGIONAL STAFF

Type of Request: VERBAL WRITTEN (CHOOSE ONE)

Date Request Received: _____ County Where Investigation Occurred: _____

Department Representative 1: _____ Email Address: _____

Dept Rep 1 Home Office County: _____ Phone Number: _____

Department Representative 2: _____ Email Address: _____

Dept Rep 2 Home Office County: _____ Phone Number: _____

Intake Numbers: _____

Type and Date of Findings: _____

Notice(s) of Findings Issued? Yes (Attach Copy to Referral) No Copy unavailable

Finding(s) Adjudicated or Pending in Court of Law? Yes (Send copy of order or petition to BOR) No

Reconsideration Decision by CWC or Program Manager: Override Approved Request of Reversal Denied

Date of Reconsideration: _____ CWC/Prog Mgr/Adult Consultant Initials: _____

PART III – TO BE COMPLETED BY BOARD OF REVIEW

Action Number: _____ Hearing Official: _____

Decision: Upheld Reversed Abandoned Dismissed Withdrawn Remanded

Date Hearing Decision Completed and Mailed: _____

Certified Mail Tracking No.: _____

Forward completed form and requested documents to OIGBOR@WV.GOV