

Foster Parent #1 LAST Name:		Foster Parent #1 FIRST Name:		Foster Parent #2 LAST Name:		Foster Parent #2 FIRST Name:		
Address (No. and Street):			Apt. #:	City:		State:	Zip:	FP Phone:
RE: Child's Name:		Date:		Case #:		Date of placement in this home:		Child's DOB:

Please be advised that the Department of Children and Families plans to remove _____ Child's Name: _____ Age: _____
 from your home on _____ (Note: must be at least ten days from date of notice unless emergency situation).

The reasons for the decision are: *(List reasons for removal. Be specific, and where possible, indicate statutory, regulatory or policy citations to support your decision)*

Pursuant to DCF Policy 6-5 if you disagree with DCF's decision to remove the child named above from your care and the child has been in continuous placement with you for one year or more, or has been in non-continuous placement with you for a total of two or more years, then you may request an administrative hearing to contest the removal of the child from your care. **The request for a hearing must be made within ten (10) days of your receipt of this letter and must be made in writing to:**

Administrative Hearings Unit, Department of Children and Families, 505 Hudson Street, Hartford, CT 06106-7107

It is recommended that you send your request by Certified Mail, Return Receipt Requested.

The determination of whether or not you are entitled to a hearing shall be made by the Administrative Hearings Unit of DCF. If certain additional circumstances exist as provided by law and policy (for example, the child is being moved to a pre-adoptive placement) you may not be eligible for a hearing. If your request for a hearing is denied, the Administrative Hearings Unit will advise you of the reasons for the denial.

If you do not request a hearing within ten (10) days, you have waived your right to a hearing. For your information, a copy of DCF Policy 6-5 is enclosed. If you have any questions concerning the hearing process, please call the Administrative Hearings Unit at 860-560-5063.

Sincerely, Social Worker: _____ Social Worker Supervisor: _____

CC: Bureau Chief / Assistant Bureau Chief: _____

Office Director: _____

Child's Attorney (email this form to Pubdefdcfkids@jud.ct.gov): _____

(if applicable), Child's Guardian ad Item (email this form to Pubdefdcfkids@jud.ct.gov): _____

Administrative Hearings Unit