



## REQUEST FOR AN ADMINISTRATIVE REVIEW OF VALID APS FINDINGS

**Purpose:** To request an administrative review if the Adult Protective Services (APS) investigation findings are to be or have been released outside of the agency.

**Directions:** After completing this form, the person requesting the review returns it to the APS Program Administrator listed below.

The form must be completed, returned and postmarked by the 20<sup>th</sup> calendar day the form was mailed by DFPS or the person requesting the review has waived the right to an administrative review and the findings will be released.

APS PROGRAM ADMINISTRATOR				
Program Administrator Name:				
Mailing Address:				
Street Address:	City:	County:	State:	Zip Code:

CASE INFORMATION	
IMPACT Case Name:	APS Specialist:
IMPACT Case Number:	

INFORMATION ABOUT PERSON REQUESTING REVIEW					
First Name:	Middle Name		Last Name		
Street Address:	Apt. No.	City:	County:	State:	Zip Code:
Telephone Number:		Date:			
I am requesting a copy of my case record: <input type="checkbox"/> Yes <input type="checkbox"/> No					
My attorney will accompany me to the administrative review: <input type="checkbox"/> Yes <input type="checkbox"/> No					

PRIVACY STATEMENT
DFPS values your privacy. For more information, read our <a href="#">Privacy and Security Policy</a> .



**SIGNATURES**

Signature of Requestor:

**X**

Date Signed:

Date Received by DFPS: