

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

REQUEST FOR HEARING

Upon completion, file this Appeal with: Office of Child Care
ATTN: Program Standards
200 W. Baltimore Street, 10th Floor
Baltimore, Maryland 21201

NOTE: If this is an appeal of an emergency action, you may hand deliver it to your OCC Regional Office.

I, _____, of _____
Appellant's Name Street or RFD

City/Town County State Zip Telephone Number

hereby request a hearing.

I am appealing the following:
(Check appropriate space)

- _____ Denial of initial application
- _____ Denial of renewal application
- _____ Emergency suspension of registration/license
- _____ Non-emergency suspension of registration/license
- _____ Revocation of registration/license
- _____ Reduction in capacity
- _____ Limitation on ages or numbers of children who may be admitted to home/center
- _____ Other (Specify) _____

My Appeal involves:
(Check appropriate space)

- _____ Family Child Care Home
- _____ Child Care Center
- _____ Letter of Compliance (LOC) facility

I will _____ will not _____
be represented by an attorney.

Attorney's Name _____
Address _____
Telephone No. _____

I AM APPEALING because: (Please be as clear and specific as you can in stating why you want a hearing)

Date Signature

NOTE: If you need help in filling out this form, please contact your local Office of Child Care Regional Office.

TO BE COMPLETED BY THE OFFICE OF CHILD CARE

TYPE OF ACTION: NON-EMERGENCY _____ EMERGENCY _____

LOCATION OF HEARING: _____

DATE OF APPEAL NOTICE: _____

EFFECTIVE DATE OF ACTION: _____

DATE HEARING REQUEST RECEIVED: _____

NAME OF PROVIDER/CENTER: _____