State of Kansas
Department for Children and Families
Prevention and Protection Services

PPS 10330
REV. 01/2013

Appeal Summary

From (DCF Region): | Date:

To: Presiding Officer
Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, Kansas 66612

I. Information

Appellant's Name: | Appeal Number:

Address (city, state, zip): | Work Phone: | Home Phone:

II. Summary Information

Summary statement concerning why the appellant is filing a request for a fair hearing:

III. Summary of DCF's Action

Date of Action(s):	Brief chronological summary of DCF's action in relationship to the appellant's request for fair hearing:

IV. Basis for the Agency's Decision

Statement of the basis for the agency's decision:

V. Citation of Applicable Policies

Citation of the applicable policies relied upon by DCF in taking the action in question:

Statute/Policy Citation Number:	Reference Information:

VI. Notice of Decision

Copy of the notice which notified the appellant of the decision in question (attached):

(This form supersedes PPS 10330 REV 7/2012)

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VII. Finding Definition (Abuse, Neglect, Exploitation, Fiduciary Abuse):

Substantiated Defined: When a social worker's response is "Yes, a reasonable person would conclude that through Clear and Convincing Evidence-it is highly probable that abuse, neglect, exploitation or fiduciary abuse has occurred."

VIII. DCF Personnel Information

Name(s) of DCF personnel representing APS: {include Name and Phone Number(s)}:

IX. Prevention and Protection Service Policy Manual Reference(s)

K.S.A. 39-1430 - 39-1442

Section (PPM 10000):

Attachments: Request for Fair Hearing, Notice(s) of Action, Manual Pages

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Strong Families Make a Strong Kansas

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