

# MARYLAND STATE DEPARTMENT OF EDUCATION

## Office of Child Care REQUEST FOR HEARING

Upon Completion, file this Appeal with: [OCC Appeals](#)

Or mail to:

Office of Child Care

ATTN: Office of the Attorney General

200 W. Baltimore Street, 10<sup>th</sup> Floor

Baltimore, MD 21201

**NOTE:** If this is an appeal of an **EMERGENCY ACTION**, you may email it to the email listed above or to your OCC Regional Office.

I, \_\_\_\_\_, of \_\_\_\_\_  
Appellant's Name Street or RFD

City/Town County State Zip Telephone Number

I hereby request a hearing.

I am appealing the following:  
(Check appropriate space)

- Denial of initial application
- Denial of application for continuing registration/license/letter of compliance
- Emergency suspension of registration/license/letter of compliance
- Non-emergency suspension of registration/license/letter of compliance
- Revocation of registration/license/letter of compliance
- Reduction in capacity
- Limitation on ages or numbers of children who may be admitted to the home/center
- Employment Exclusion
- Other (Specify)

My Appeal involves:  
(Check appropriate space)

- Family Child Care Home
- Child Care Center
- Letter of Compliance Facility
- Large Family Child Care Home
- Other (Specify)

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)

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**TO BE COMPLETED BY THE OFFICE OF CHILD CARE**

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

Date:

Signature:

TYPE OF ACTION: NON-EMERGENCY

EMERGENCY

LOCATION OF HEARING: \_\_\_\_\_

DATE OF HEARING:

APPEAL NOTICE: \_\_\_\_\_

EFFECTIVE DATE OF ACTION: \_\_\_\_\_

DATE HEARING REQUEST RECEIVED: \_\_\_\_\_

NAME OF PROVIDER/CENTER: \_\_\_\_\_

ASSIGNED ATTORNEY: