

Date: _____

Substantiation Reviews
Office of Child and Family Services
Department of Health and Human Services
11 State House Station
Augusta ME 04333-0011

To Whom It May Concern:

I am writing to appeal a substantiation that was issued against me on _____ (original date of substantiation). I did not receive notice of the substantiation at the time. I learned of the substantiation less than 60 days ago. The substantiation is going to prevent me from being able to:

I am therefore at risk for collateral consequences.

I dispute the allegations in the substantiation. I dispute that the facts as described by DHHS rise to the level of a substantiation.

Thank you for your attention to this matter,

Signed: _____

Name: _____

Address: _____
