

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 the indication that was issued against me on

_____ (original date of indication). I dispute the allegations in the indication. I dispute that the facts as described by DHHS rise to the level of an indication.

I request a paper review.

Thank you for your attention to this matter,

Signed: _____

Name: _____

Address: