

July 28, 2004

Dear _____ :

On _____, the _____ County Office received your request for the correction or expungement (removal) of information in report number _____ from the Central Abuse Registry. After reviewing your request and the report, this office has decided: **(The marked box pertains to you.)**

- To make the correction(s) you requested. An addendum (addition) to the report showing the change will be sent to you and to all other subjects (the dependent adult, guardian, alleged abuser, and attorneys for the dependent adult and alleged abuser) who have received a copy of the report.
- Not to make the correction(s) you requested. However, a copy of your request letter will be placed in the case file.

If you are not satisfied with this decision, you may request an administrative appeal hearing. To make this request, send a written and signed statement of the reasons you disagree with the report within six months of the date of the Adult Protective Notification. The date of the Adult Protective Notification was _____.

The Appeals Section address is:

Iowa Department of Human Services
Appeals Section, 5th Floor
1305 E Walnut Street
Des Moines, Iowa 50319-0114

If you have questions about the administrative appeal process, please call me.

Sincerely,

Protective Services Supervisor
(County or Service Area designee)

cc: Case file