LEGAL CASE TRANSMITTAL

COUNTY CONTACTS
LICENSING EVALUATOR NAME:
PHONE NUMBER: ( )
LICENSING SUPERVISOR NAME:
PHONE NUMBER: ( )

DISTRIBUTION INSTRUCTIONS:

White (1st Copy)	:	Legal Retain
Yellow (2nd Copy)	:	Legal Send to Addressee
Pink (3rd Copy)	:	Legal Return CCL
Goldenrod (4th Copy)	:	Originator Retain

LICENSEE/APPLICANT:	DATE RECEIVED FROM COUNTY

FACILITY TYPE: ☐ FAMILY CHILD CARE ☐ FOSTER FAMILY HOME ☐ DUAL

MATERIAL ATTACHED	ACTION REQUESTED	
☐ STATEMENT OF FACTS	☐ TSO	☐ INSPECTION WARRANT
☐ SUPPORT DOCUMENTS	☐ REVOCATION	☐ ATTORNEY REVIEW
☐ FOLLOW-UP INFORMATION	☐ DENIAL	
☐ OTHER: _____	☐ INJUNCTION	

COMMENTS

APPROVALS

ADMINISTRATIVE ACTION ANALYST	PHONE: ( )	DATE
REGIONAL MANAGER		DATE

FOR OCC USE ONLY

ATTORNEY ASSIGNED:	PHONE NUMBER: ( )
LEGAL ASSISTANT ASSIGNED:	PHONE NUMBER: ( )
LEGAL CASE NUMBER:	DATE ASSIGNED: