

NOTICE OF ACTION TO INDIVIDUAL REGARDING RESOURCE FAMILY APPROVAL CRIMINAL RECORD CLEARANCE OR EXEMPTION

County:

Date:

Applicant(s) or RF Name(s):

County RF ID#:

RF Address:

Individual's Name:

PER ID#:

To:

This notice is to inform you that

on _____ A rescinded exemption, a denied exemption request, or a denied exemption due to a non-exemptible conviction means that you may not reside or be regularly present in an approved Resource Family home, and you may not have contact with children or nonminor dependents placed in the home. If you applied for Resource Family approval, this means your application must be denied. If you are currently approved as a Resource Family, this means the approval will be referred for rescission. A similar notice (excluding your convictions) has been sent to the resource family or applicant.

If this is a denial of a criminal record exemption request or an exemption rescission, it is based upon your failure to provide satisfactory evidence that you can meet or conform to all Resource Family Approval background check requirements. If you have a non-exemptible conviction you are not eligible for exemption. The criminal record clearance and exemption requirements are set forth in Welfare and Institutions Code Section 16519.5 et seq., Health and Safety Code section 1522, other applicable law and RFA Written Directives, Version(s) _____ sections 6-03A, 6-03B, and 10-01.

Specifically, it has been determined that you:

- Have a criminal conviction or convictions for which you have failed to provide substantial and convincing evidence that you are rehabilitated and of present good character.
- Have a non-exemptible criminal conviction or convictions for which we are prohibited by law from granting a criminal record exemption.

This decision is based on the evidence set forth in the court and law enforcement records, reports, statements, papers, and other documentary evidence contained in the official files compiled by the county or department, which information and records are hereby incorporated by this reference. This decision is based on the criminal convictions listed below which occurred on or about the dates listed as follows:

The following was considered in reviewing your request for an exemption:

If you disagree with this action, you may appeal by submitting a written request and a copy of this notice to the address below. Be advised that if you appeal and it is established that the conviction is non-exemptible, the Administrative Law Judge who handles the appeal is also prohibited by law from granting an exemption. If you wish to use this form to appeal, you may do so by checking the box and filling out the information below, then sending all pages of this notice to the address listed below.

The due date for this appeal is _____ **from the date of this notice.**

If this decision is not appealed on or before the due date, the action will be final. The appeal must be post marked or delivered on or before the due date.

If you appeal, you _____ continue to reside in the home until completion of the administrative review of your appeal. You will be contacted and provided additional information about the appeal process at a later date. If you appeal it is required that you notify the county, in writing, of any change in your address. Please call the approval worker at _____ if you have any questions regarding this notice.

I wish to appeal. (Submit this request with a copy of this notice)

Print Name

Signature

Address

Phone Number

Reasons for appeal (optional): _____

<p>[For County use only. Do not write in this box.]</p> <p>County: _____ County RF ID#: _____</p> <p>Exemptible <input type="checkbox"/> Non-exemptible <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Forum: SHD <input type="checkbox"/> OAH <input type="checkbox"/></p>
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Notice to Respondent: Please fill out the sections below and return fill this page with your appeal.

Your Hearing Rights: You may be present at the hearing. You have the right to be represented by an attorney at your own expense. You are not entitled to appointment of an attorney at public expense. You may represent yourself without an attorney. If you do not want to go to the hearing alone, you can bring a friend or someone with you.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records.

(This person can be a friend or relative but cannot interpret for you.)

NAME: _____

PHONE NUMBER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

This person is an attorney: Yes No

Hearing File: If you ask for a hearing, the State Hearings Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position statement on your case at least two days before the hearing. The state may give your hearing file to the county child welfare agency or probation department, if applicable.

Interpreter:

- Check here if you need an interpreter. There will be no cost to you.
(A friend or relative cannot interpret at the hearing.)

My language or dialect is: _____

[For County use only. Do not write in this box.]
County: _____ County RF ID#: _____
Exemptible <input type="checkbox"/> Non-exemptible <input type="checkbox"/> Both <input type="checkbox"/>
Forum: SHD <input type="checkbox"/> OAH <input type="checkbox"/>