

LEGAL CASE TRANSMITTAL

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

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

LICENSEE/APPLICANT:	DATE RECEIVED FROM COUNTY
FACILITY TYPE: <input type="checkbox"/> FAMILY CHILD CARE <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> DUAL	

MATERIAL ATTACHED	ACTION REQUESTED
<input type="checkbox"/> STATEMENT OF FACTS	<input type="checkbox"/> TSO <input type="checkbox"/> INSPECTION WARRANT
<input type="checkbox"/> SUPPORT DOCUMENTS	<input type="checkbox"/> REVOCATION <input type="checkbox"/> ATTORNEY REVIEW
<input type="checkbox"/> FOLLOW-UP INFORMATION	<input type="checkbox"/> DENIAL
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> 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: