

**STATE OF ILLINOIS  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
ADMINISTRATIVE HEARINGS UNIT**

IN THE MATTER OF \_\_\_\_\_ )  
 )  
 )  
 Appellant \_\_\_\_\_ ) SCR #: \_\_\_\_\_  
 ) DKT #: \_\_\_\_\_  
 ) AHU #: \_\_\_\_\_

**NOTICE OF FILING**

To: **Administrative Law Judge:** \_\_\_\_\_  
**DCFS - Administrative Hearings Unit**  
**406 East Monroe – Station 15**  
**Springfield, IL 62701**  
**Facsimile: (217) 557-4652**  
**Email: [DCFS.Efiling@illinois.gov](mailto:DCFS.Efiling@illinois.gov)**

**Department Attorney:** \_\_\_\_\_  
Department of Children and Family Services  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_

Please take notice that on \_\_\_\_\_ (date) the Appellant, caused to be filed (via U.S. mail) the attached Witness and Document List.

\_\_\_\_\_  
Appellant's Signature Above  
**Address:** \_\_\_\_\_  
**City, State/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that the above notice and attached pleadings were caused to be personally delivered or deposited in the U.S. mail, or transmitted via email, or facsimile to the above party (ies) at the address (es) provided on \_\_\_\_\_ mailed, emailed or sent via facsimile).

\_\_\_\_\_  
Signature

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
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IN THE MATTER OF	)	
	)	
_____	)	SCR #: _____
Appellant	)	DKT #: _____
	)	AHU #: _____

**APPELLANT’S WITNESS AND DOCUMENT LIST**

The Appellant may call the following persons to testify at the administrative hearing, and may seek to introduce as evidence the following documents:

**Witnesses**

Name  
Address  
City State Zip  
Phone

Name  
Address  
City State Zip  
Phone

Name  
Address  
City State Zip  
Phone

Name  
Address  
City State Zip  
Phone

Name  
Address  
City State Zip  
Phone

Name  
Address  
City State Zip  
Phone

**Documents (list documents below)**

Filed by:

\_\_\_\_\_

Appellant's Signature Above

Address:

City, State/Zip:

Phone:

Email: