



State of Illinois  
 Illinois Department on Aging

# Request for Appeal Form

## APS Registry

Use this form if you (Appellant) want to appeal the placement of your name as a caregiver on the Adult Protective Services Registry (Registry). The sole issue on appeal is whether placement of the caregiver's identity on the Registry is in the public interest. The appeal must be filed with the:

Illinois Department on Aging  
 Office of General Counsel  
 Attention: APS Registry  
 One Natural Resources Way, #100  
 Springfield, Illinois 62702-1271

**OR** via email at [AGING.APSRegistryappeals@illinois.gov](mailto:AGING.APSRegistryappeals@illinois.gov) **OR** Fax at (217) 785-4477.

**Your completed Request for Appeal must be faxed, e-mailed, or postmarked by U.S. mail within thirty (30) calendar days from the date on the Notice to Caregiver letter from Illinois Department on Aging.**

**Caregiver/Appellant Contact Information:**

First Name	Middle Name	Last Name
Other Names (previous/maiden)	Complete SSN	Email Address
Mailing Address	City	State, Zip
County	Telephone Number	Date of Birth

Will you need a signed or spoken interpreter or other communication assistance (e.g., TTY) for the hearing?

**Yes**       **No**      If Yes, what language? \_\_\_\_\_

Email will be used for most communications about your appeal unless this method is unavailable or a hardship for you. Is email an acceptable method of communicating with you regarding your appeal?  Yes     No

**Basis for Appeal:**

Name of APS Case	APS Case Number	Date of Notice to Caregiver
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The sole issue on appeal is whether placement of the caregiver's identity on the Registry is in the public interest. I AM REQUESTING AN APPEAL based on the following factor(s):

- Length of time the caregiver has been providing care to the victim;
- Relationship between the caregiver and the victim;
- Whether placement of caregiver's identity on the Registry is in the victim's best interest or that of other participants;

- Whether additional training for the caregiver has been completed that could remediate the abuse, neglect, or financial exploitation (proof of training attached);
- In the case of financial exploitation, the value of asset(s) at issue and whether restitution was made;
- Because no criminal charges were filed against the caregiver; and/or
- Other reason. Please describe or explain:

Please enclose evidence or supporting documentation for the factor(s) checked above with this form. Additional evidence or supporting documentation may be produced prior to the hearing.

Will you be represented at the hearing?  **Yes**       **No**

**Representative Contact Information**

Representative's First Name, Last Name	Telephone Number	Email Address
Mailing Address	Representative's Firm (if applicable)	City, State, Zip Code

Your Signature (or Signature of Representative):

Date:

The Appellant must file this form within thirty (30) calendar days after the date of notice from the Illinois Department on Aging. If signed by a person other than the Appellant, attach written authorization to file the appeal. Documented evidence may be submitted with this Request for Appeal.

**Please note:** In accordance with the Adult Protective Services Rules (Title 89 Illinois Administrative Code, Part 270), you will be sent a notice by the Administrative Law Judge at least fifteen (15) calendar days prior to the scheduled hearing date.

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**For IDoA Office Use Only: To be completed by the OGC or CMS Bureau of Hearings**

Date Request for Appeal Received:	Date of Postmark, if mailed (attach or scan envelope):	Method:
Date of Decision Being Appealed:	Appellant Name:	Appeal Number: