

Name of Case:		Link #:
DCF Area Office:	Date of Motion:	Date of Scheduled Hearing:

Reason for Deferral Request - Neglect Petitions Pending

**Required Documentation for Motion to Defer (Neglect) - Attached**

Investigation Protocol                       Summary of Facts                       Neglect Petitions

I hereby request this case be deferred in accordance with the Regulations of Connecticut State Agencies 17a-101k-7(f) that provides that "[a]n administrative hearing may be deferred pending disposition of any civil court proceeding arising from or including the incident of abuse or neglect that is the subject of the administrative hearing." See also DCF Policy 22-12-4 and 22-12-5.

I hereby certify that a copy of this motion was mailed/delivered to all counsel and pro se parties of record on the date shown at right. A sheet is attached listing the contact information for each party served.	Date copies mailed/delivered:
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Signed ( <i>person making motion</i> )	Name of Attorney/Pro Se Party/Agency Representative ( <i>print or type</i> )
X	

Address:	Phone Number ( <i>with area code</i> ):
	Fax Number ( <i>with area code</i> ):

ORDER	Motion to Defer is: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED
	Reason for denial _____ _____
	Signed ( <i>AHU Representative</i> ): _____ Date: _____

If the Motion to Defer is granted, the hearing scheduled for the date above shall not be held. It shall be the Appellant's responsibility to notify the Department that the court matter is no longer pending and that the Appellant would like to proceed with the appeal. If the Appellant does not notify the Department within three years of the deferral of the case, the allegations shall remain in the Department record as substantiated.

If the Appellant was placed on the Central Registry, the Department will be allowed to disclose the information in accordance with Connecticut General Statutes, sections 17a-28, 17a-101g and 17a-101k.

If the Motion has been denied, then the hearing will proceed as scheduled on \_\_\_\_\_  
at \_\_\_\_\_ in the \_\_\_\_\_ Area Office of the Department of Children and Families.

Please <b>fax</b> request to:	Department of Children and Families Administrative Hearings Unit 505 Hudson Street Hartford, CT 06106
<b>Fax Number: (860) 560-7086</b>	

### Party Contact Information

<b>Appellant</b> <i>(list name):</i>	
Address:	
Phone Number(s):	Fax Number:
E-mail <i>(if known:)</i>	

<b>Attorney for Appellant</b> <i>(list name):</i>	
Address:	
Phone Number(s):	Fax Number:
E-mail <i>(if known:)</i>	