



**Request for Administrative Hearing to  
Contest Priority Assignment**

TO: **Commissioner**  
**Department of Developmental Services**  
**460 Capitol Avenue**  
**Hartford, CT 06106**  
**FAX Number: (860) 418-6009**

Date: \_\_\_\_\_

I, \_\_\_\_\_ request an Administrative Hearing before  
*(individual/legal representative)*  
the Department of Developmental Services (DDS) to contest the priority assignment concerning  
\_\_\_\_\_ as determined by the Department of Developmental  
*(individual)*

Services. This hearing right is authorized by 17a – 210 (e) of the Connecticut General Statutes, which states:

***Any person with intellectual disability, or the parent, guardian, conservator or other legal representative of such person, may request a hearing to contest the priority assignment made by the department for persons seeking residential placement, residential services or residential support. A request for hearing shall be made, in writing, to the commissioner.***

A copy of the DDS “Notice of Decision” for which I request an administrative hearing is enclosed herewith.

The DDS Division of Legal and Government Affairs will make reasonable efforts to conveniently schedule the hearing on this matter. In making this request I understand the necessity of my attendance at any scheduled hearing in order for the matter to proceed.

\_\_\_\_\_  
*Individual (Print)*

\_\_\_\_\_  
*Guardian/representative(Print)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*(Address and Telephone Number)*

\_\_\_\_\_  
*(Address and Telephone Number)*

**Submit by Mail and/or Facsimile  
to the Address noted at the top of this Form.**