

CACFP EXPEDITED – 60 Day Final Decision Deadline (7 CFR § 226.6(k)(5)(ix))

PLEASE PRINT CLEARLY OR TYPE

STATE OF NORTH CAROLINA

IN THE OFFICE OF
ADMINISTRATIVE HEARINGS

COUNTY OF (1) _____

(2) _____)
(your name) PETITIONER,)
)
 v.)
(3) North Carolina Department of Health and Human Services)
)
Division of Public Health, Child and Adult Care Food Program)
)
)
 _____)
RESPONDENT.)
(The State agency or board about which you are complaining))

**PETITION
FOR A
CONTESTED CASE HEARING**

I hereby ask for a contested case hearing as provided for by North Carolina General Statute § 150B-23 because the Respondent has:
(Briefly state facts showing how you believe you have been harmed by the State agency or board.)

(If more space is needed, attach additional pages.)

(4) Because of these facts, the State agency or board has: (check at least one from each column)

_____ deprived me of property;	AND	_____ exceeded its authority or jurisdiction;
_____ ordered me to pay a fine or civil penalty; or		_____ acted erroneously;
_____ otherwise substantially prejudiced my rights;		_____ failed to use proper procedure;
		_____ acted arbitrarily or capriciously; or
		_____ failed to act as required by law or rule.

(5) Date: _____ (6) Your phone number: () _____

(7) Print your full address: _____
(street address/p.o. box) (city) (state) (zip)

(8) Print your name: _____

(9) Your signature: _____

You must mail or deliver a **COPY** of this Petition to the State agency or board named on line (3) of this form. You should contact the agency or board to determine the name of the person to be served.

CERTIFICATE OF SERVICE

I certify that this Petition has been served on the State agency or board named below by depositing a copy of it with the United States Postal Service with sufficient postage affixed **OR** by delivering it to the named agency or board:

(10) _____ (11) _____
(name of person served) (State agency or board listed on line 3)

(12) _____
(street address/p.o. box) (city) (state) (zip code)

(13) This the _____ day of _____, 20____.

(14) _____
(your signature)

When you have completed this form, you **MUST** mail or deliver the **ORIGINAL** to the Office of Administrative Hearings, 1711 New Hope Church Road, Raleigh, NC 27609.

“PETITION FOR A CONTESTED CASE” AND “CERTIFICATE OF SERVICE”

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FILL IN BLANKS:

Fill in your county of residence (1), print your name on line (2), and the name of the agency or board about which you are complaining on line (3). Be sure to briefly state the facts about your case. Check all of the items that apply in section (4). Enter the date on line (5), your telephone number on line (6), your address on line (7), print your name on line (8), and sign your name on line (9).

CERTIFICATE OF SERVICE:

You must mail or deliver a copy of your completed petition to the agency or board named on line (3) and complete the “certificate of service” section on your petition, entering the name of the person to whom you mailed or delivered the petition on line (10). You should contact the agency or board to determine the name of the person to be served. Print the name of the state agency involved on line (11), the address of the agency or board on line (12), the date on line (13), and sign your name on line (14).

FILING YOUR PETITION WITH THE OFFICE OF ADMINISTRATIVE HEARINGS:

Your contested case will commence as soon as you file your completed original petition, along with a copy, properly signed, with the Office of Administrative Hearings. Below are the mailing and physical addresses:

**Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714**

**Office of Administrative Hearings
1711 New Hope Church Road
Raleigh, NC 27609-6285**

If you mail this form, the case commences when it is received and filed in this office.

You may file your petition by fax during normal business hours by faxing the petition to the Clerk's Office at (919) 431-3100. Please include “CACFP Petition” on your cover sheet.

You may file your petition by electronic mail by an attached file either in PDF format or a document that is compatible with or convertible to the most recent version of Word for Windows by sending the electronic transmission to oah.clerks@oah.nc.gov. Please indicate “CACFP Petition” in the subject line. Electronic mail without attached file shall not constitute a valid filing.

OAH must receive the original signed document and one copy within **seven business days** following the fax or electronic transmission for the petition to be deemed "filed" on the fax or electronic transmission date.