

MOTION TO DEFER (CRIMINAL)

DCF-2014(C)

12/15 (Rev.)



Name of Case:		Link #:	
DCF Office:		Date of Motion:	
		Date of Scheduled Hearing:	
Reason for Deferral Request: Criminal Charges Pending		Requirements for Motion to Defer (Criminal): Attached	
<input type="checkbox"/> Investigation Protocol	<input type="checkbox"/> State of CT Judicial Branch Pending Case Detail	<input type="checkbox"/> Contact the Appellant	
Outcome of Appellant Contact:			
<input type="checkbox"/> Agreement with deferral <input type="checkbox"/> Objection to deferral (If there is an objection, do not submit this form.) <input type="checkbox"/> Unable to contact the Appellant			
I hereby request this case be deferred in accordance with the Regulations of Connecticut State Agencies 17a-101k-7(g) that provides that "[a]n administrative hearing may be deferred pending disposition of any criminal court proceeding arising from or including the incident of abuse or neglect that is the subject of the administrative hearing unless the individual responsible files a written objections to such deferral." See also DCF Policy 22-12-4 and 22-12-5.			
NOTICE TO APPELLANT: You have the right to object to the Department's motion to defer and have the hearing held as scheduled. If you object to the deferral, you must contact the Administrative Hearings Unit in writing by _____. If you do not contact the Administrative Hearings Unit by said date, the motion will be granted if it is found that the issue in court merits a deferral in accordance with the requirements and policy.			
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:
Signed (<i>person making motion</i>)		Name of Attorney/Pro Se Party/Agency Representative	
Address: (No. and Street):		City	State
			Zip
E-mail:		Phone Number:	Fax Number:
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:			Date:
At (enter time):		In the:	
Please fax to: DCF, Administrative Hearings Unit, 505 Hudson Street, Hartford, CT 06106			Fax Number: 860-560-7071
Party Contact Information			
Appellant Last Name:		Appellant First Name:	
Address: (No. and Street):		City:	State:
			Zip:
E-mail:		Phone Number:	Fax Number:
Attorney for Appellant Last Name:		Attorney for Appellant First Name:	
Address: (No. and Street):		City:	State:
			Zip:
E-mail:		Phone Number:	Fax Number: