
REQUEST FOR REVIEW OF DECISION

Name: _____

Address: _____

Telephone: _____

Counselor Name: _____

Date of Decision: _____

Briefly describe the decision made by the counselor and your objection to the decision: _____

PROCEDURE FOR REVIEW

Mediation: A mediation meeting will be scheduled within 30 days of your request. You will receive written notice of the meeting. The purpose of the mediation is voluntary resolution of your matter. If no agreement is reached, you may proceed to Administrative Review or Fair Hearing.

Administrative Review: An administrative review will be scheduled within 30 days of your request. You will receive written notice of the review and a written decision after the review. You may challenge this decision by requesting a Fair Hearing within 30 days of the review decision.

Fair Hearing: A Fair Hearing will be held before a hearing officer within 45 days. You will receive notice of the hearing within 2 weeks. You will be provided information about witnesses and documents. An adverse decision may be appealed by either party to the Secretary of Labor within 20 days.

Delaware Division of Vocational Rehabilitation

Due Process

Know

Your

Rights



Linking Ability & Business

As an **applicant** for DVR services
or an **individual receiving services**,

you have certain rights under the law:

- **You have the right** to exercise choice in employment goals, services, and service providers;

- **You have the right** to have a representative present any time you meet with DVR staff;

- **You have the right** to challenge a decision affecting your eligibility or services and seek an impartial review;

- **You have the right** to an Administrative review within 30 days of your request;

- **You have the right** to mediate your dispute before an impartial mediator:

You have the right to a Fair Hearing before an impartial hearing officer regarding a decision affecting your eligibility or receipt of services.

**For questions regarding your rights Contact Us At
302) 761-8275**

The **Client Assistance Program (CAP)** provides representatives who can act as your advocate. You may contact the CAP at 1-800-640-9336 to speak with a representative of their program.

**Please select the type
of review requested:**

_____ An Administrative Review within 30 days from the date of this request.

_____ A mediation within 30 days from the date of this request.

_____ A Fair Hearing within 45 days from the date of this request.

(Note: An Administrative Review decision may be challenged in a Fair Hearing, which will be held within 45 days from the request.)

If you are requesting a review of a decision, complete this form and submit it to the Director of DVR or your DVR counselor within 30 days of the decision.
