

1. Name and mailing address of subject individual:	2. Type of notice: <input type="checkbox"/> Original notice <input type="checkbox"/> Amended notice
3. Position of subject individual:	

A Person whose case is denied cannot be placed in the position listed.

4. Final fitness determination (OAR 407-007-0200 to 407-007-0370). Many factors may be considered (OAR 407-007-0300 to make a fitness determination (OAR 407-007-0320).

- Approved**
- Approved with restrictions** (OAR 407-007-0320(1)(b)): _____
- Denied** (OAR 407-007-0320(1)(c)). **Subject individual must be removed from position immediately.**

Denial or restriction based on crimes (OAR 407-007-0280):

- Five-year crime: _____
- Ten-year crime: _____
- Permanent crime: _____
- Adam Walsh crime: (42 USC 671(a)(20)) _____

Denial or restriction based on conditions (OAR 407-007-0290):

- False statement: _____
- Sex offender: _____
- Warrant: _____
- Deferred sentence or diversion: _____
- Probation/parole: _____
- Probation/parole violation: _____
- Fugitive from another state: _____
- Unresolved charges/arrests: _____
- Juvenile adjudication: _____
- Guilty except for insanity: _____
- Child protective services reports: _____

5. Appeal information. This notice of fitness determination is effective on the date signed below (Box 9).

If you are approved with restrictions or denied, you have the right to a hearing.

The request must be received within 45 days of the date in Box 9. Complete a Hearing Request Form (DHS 299); available at www.oregon.gov/dhs/chc/forms.shtml and mail it with a copy of this notice (DHS 300) and the Background Check Request form (DHS 301) to: DHS-BCU Appeals PO Box 14870 Salem OR 97309-5066.

If you do not request a hearing within the time allowed, you waive your right to a hearing. This notice of fitness determination becomes the final order in your case. If you request a hearing, but later withdraw the request or fail to appear at the contested case hearing, this notice of fitness determination becomes final as if you had never requested a hearing. You have the right to be represented by an attorney. Legal aid organizations may be able to assist if you have limited financial resources (ORS 183.415).

The hearing will be conducted in accordance with OAR 137-003-0501. See OAR 407-007-0330 for information. If you believe your criminal record is incorrect, you must contact the agency that is the holder of the record. See the instructions included with the Background Check Request form (DHS 301).

If you need this form in larger print or in different format, call toll-free 1-888-272-5545.

6. Name and mailing address of AD, qualified entity:	7. Authorized designee name:	
	8. Signature of authorized designee:	9. Date signed (mm/dd/yy):