

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Department of Children and Family Services]
[Office Address]
[City, State, ZIP Code]

Subject: Appeal of DCFS Decision - [Case Number]

Dear [Recipient's Name],

I am writing to formally appeal the decision made by the Department of Children and Family Services regarding my case [Case Number]. I received the notification dated [Date of Notification] and respectfully disagree with the findings/outcomes outlined in that decision.

[Briefly explain the reason for your appeal, including specific details about the case and aspects of the decision you are contesting.]

I believe that [provide a rationale for your appeal, including any supporting evidence, documentation, or personal statements that explain why the decision should be reconsidered].

I kindly request a review of my case and the opportunity for a hearing to further discuss this matter. My ultimate goal is to ensure that the best interests of [Child's Name or "my child"] are taken into account.

Thank you for your attention to this important matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]