



State of Alaska

Department of Labor and Workforce Development Division of Vocational Rehabilitation

Administrative Review, Mediation, and/or Impartial Due Process Hearing Request

Instructions: For each prompt below, insert information after the colon. Where items are listed with bullets, make a selection by placing an X after the colon.

Name (Last, First, Middle Initial):	
Street Address:	
City:	<u></u>
State:	<u> </u>
Zip Code:	
Determination in Question	
Describe DVR's Determination(s) to b	pe Reviewed:
Date of Determination:	
Describes the Descript Astion (s) on the	Deat of DVD
Describe the Desired Action(s) on the	Part of DVR:
Degreeted Diese on V on the colors	tion from the three items below
Requested – Place an X on the selec	tion from the three items, below.
Administrative Review:	
Mediation:	~.
Impartial Due Process Hearing	J
Signature:	Date:
Send to	

ADVR Administrative Review Officer
PO Box 115516,
Juneau. AK, 99811
Fax (907) 465-2856

Email dol.dvr.info@alaska.gov

Administrative Review, Mediation, and/or Impartial Due Process Hearing Tracking

- for DVR Use Only

Instructions: For each prompt below, insert information after the colon. Where items are listed with bullets, make a selection by placing an X after the colon.

Name:	
Date DVR Received Request:	
DVR Staff Tracking Request:	
Action Taken	
Policy/Regulation Citation:	
Administrative Review	
(Select yes or no from the list below.)	
Yes:	
No:	
Reviewer:	
Date:	
Outcome:	
Mediation	
(Select yes or no from the list below.)	
Yes:	
No:	
Reviewer:	
Date:	
Outcome:	
Impartial Due Process Hearing	
(Select yes or no from the list below.)	
Yes:	
No:	
Reviewer:	
Date:	
Outcome:	
I certify the above appeal and the decision(s) rende	red.
01.6.65.110	- .
Chief of Field Services:	Date:

Rev. 10/06/2021