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BEFORE THE NEBRASKA DEPARTMENT OF EDUCATION

\_\_\_\_\_  
(Name of Institution, Responsible Principal, and/or  
Responsible Individual requesting an Administrative  
Review)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Agreement No.)

Appellant,

Vs.

NEBRASKA DEPARTMENT OF EDUCATION,

Respondent.

CASE NO. \_\_\_\_\_  
(leave blank)

**REQUEST FOR  
ADMINISTRATIVE REVIEW**

Appellant, in accordance with the Child and Adult Care Food Program review procedures of the Department of Education, Nutrition Services, states and alleges as follows (attach additional sheets as necessary):

1. What are you appealing? Give a concise statement of the facts and issues in dispute.

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Administrative Review Procedures for the Child and Adult Care Food Program

NS-409 G

Revised: April 2024

2. Why are you appealing? List the reason or reasons the institution, responsible principal and/or responsible individual disputes the Department's action.

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3. Provide a concise and specific explanation of all facts and circumstances which support the reasons listed above for disputing the Department's action, or any other information which explains why the institution should not be subject to the Department's action.

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4. What evidence do you have to support your appeal? List all documents or records the institution, responsible principal and/or responsible individual requesting the review believes the Administrative Review Official will need to examine, regardless of whether the Request is for a Review of the Record or a Hearing. **Note: If copies of the listed documents or records are not attached to the Request for Review, they must be submitted to the Administrative Review Official not later than 30 days after receipt of the notice of action in order to be considered.**

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5. What are you seeking? Concisely state how you believe this problem should be resolved or what kind of remedy you are seeking.

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6. Please indicate which method of review you are requesting:

\_\_\_\_\_ Review of the Record, or  
\_\_\_\_\_ Hearing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Name of person signing this request)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone Number)

**VERIFICATION**

State of Nebraska                  )  
  ss  
County of \_\_\_\_\_)

I, \_\_\_\_\_, being first duly sworn under oath, state that I have read the contents of this Request for Review and that to the best of my knowledge, information, and belief such contents are true and there is reasonable cause for filing said Review.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_  
by \_\_\_\_\_.

The foregoing instrument was subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the above Request for Review was mailed by certified mail, return receipt requested, to the address below, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (month) \_\_\_\_\_ (year).

\_\_\_\_\_  
(signature of person filing request)

Nutrition Services  
Nebraska Department of Education  
P.O. Box 94987  
Lincoln, NE 68509-4987