

**APPEAL REQUEST FORM FOR ACCURACY OR COMPLETENESS  
OF CHILD CARE CRIMINAL BACKGROUND CHECK (CCCBC) SEARCH RESULTS**  
COMPLETE THIS FORM ONLY IF THE CCCBC SEARCH RESULTS CONTAIN INACCURATE OR INCOMPLETE  
INFORMATION.

**1. Information on Person Requesting the Appeal**

TCN Number: \_\_\_\_\_ Applicant Number: \_\_\_\_\_  
Applicant First, Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. Is the reason for your appeal based on the inaccuracy of information? Yes or No**

If "Yes", please describe in detail any inaccuracy in your CCCBC results provided to you in the letter notifying you of your Ineligibility for Child Care Purposes.

**3. Is the reason for your appeal based on the completeness of information? Yes or No**

If yes, describe in detail any existing relevant information that is not provided in the letter notifying you of your Ineligibility for Child Care Purposes.

**4. Provide any additional information to support your reason for requesting an appeal and attach all necessary supporting documentation.**

**5. Information for Appeal Representative (Optional).** You may designate an appeal representative to forward to or receive information from LDOE regarding your appeals. Attorney representation is NOT REQUIRED.

Representative First, Last Name: \_\_\_\_\_  
Relationship to the Person appealing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature of Person Appealing: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Representative (if any): \_\_\_\_\_ Date: \_\_\_\_\_

Please submit your completed appeal form via email to [LDEchildcareCBC@la.gov](mailto:LDEchildcareCBC@la.gov),

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**Attention: Erica Aguillard or via facsimile at 225-376-6035 within 45 days of your CCBC Notice of Determination.**