

My Safe Florida Home Program

NOTICE OF RIGHTS

If the *My Safe Florida Home Program* of the Department of Financial Services (Department) has made a decision affecting your substantial interests, and you believe the decision is factually or legally in error, then pursuant to Sections 120.569 and 120.57, Florida Statutes and Rule 28-106, Florida Administrative Code (F.A.C.), you have a right to request a proceeding to contest the Department's decision.

You may elect a proceeding by completing the attached Election of Rights form or filing a Petition for Proceeding. Your Petition or Election of a proceeding must be in writing and must be filed with the Department. File your Petition or Election by sending it to the following address:

Request for Hearing, My Safe Florida Home Program
Legal Division, 6th floor Larson Building
200 East Gaines St.
Tallahassee FL 32399-0333

Your Petition or Election must be received by the Department **within twenty-one (21) days** of the date of your receipt of this notice of rights. **YOUR FAILURE TO REQUEST A PROCEEDING WITHIN TWENTY-ONE (21) DAYS WILL CONSTITUTE A WAIVER OF YOUR RIGHT TO REQUEST A PROCEEDING.**

If a proceeding is requested and there is no dispute of fact, the provisions of Section 120.57 (2), Florida Statutes will apply. While a hearing is normally not required in the absence of a dispute of fact, if you feel that a hearing is necessary, one will be conducted in Tallahassee, Florida or by telephonic conference call upon your request.

If you dispute material facts which are the basis for the Department's decision, you may request a formal adversarial proceeding pursuant to Section 120.569 and 120.57 (1), Florida Statutes. If you request this type of proceeding, your request for hearing must comply with all of the requirements of Rule 28-106, Florida Administrative Code, and contain:

- a) A statement identifying with particularity the decision or parts of the decision of the Department which you dispute and the nature of the dispute;
- b) An explanation of what relief you are seeking and believe you are entitled to;
- c) Any other information which you contend is material.

Proceedings concerning disputed facts are held before a state administrative law judge of the Division of Administrative Hearings. Unless the majority of witnesses are located elsewhere, the Department will request that the hearing be conducted in Tallahassee.

You have the right to be represented by counsel or other qualified representative.

You are hereby notified that mediation under Section 120.573, Florida Statutes, is not available.

Failure to follow the procedure outlined above with regard to your response to this notice may result in the request being denied. All prior correspondence in this matter shall be considered freeform agency action, and no such correspondence shall operate as a valid request for an administrative proceeding. Any request for administrative proceeding received prior to the date of this notice shall be deemed abandoned unless timely renewed in compliance with the guidelines as set out above.

My Safe Florida Home Program
ELECTION OF RIGHTS

TO:

Request for Hearing, My Safe Florida Home Program
Legal Division, 6th floor Larson Building
200 East Gaines St.
Tallahassee FL 32399-0333

The Department of Financial Services (Department) has made a decision affecting me which I believe is factually and/or legally in error, and I request a proceeding under chapter 120, of the Florida Statutes to contest the Department's decision.

1. ___ I do not dispute the factual basis of the Department's decision. I hereby elect an informal proceeding to be conducted in accordance with section 120.57(2), Florida Statutes. In this regard I desire to (choose one):

[] submit a written statement and documentary evidence

[] attend an informal hearing to be held in Tallahassee; or

[] attend an informal hearing by way of a telephone conference call.

2. ___ I dispute the factual basis of the Department's decision. I have attached to this form a statement indicating the specific issues of fact which are disputed and other required information as indicated in the Notice of Rights. I hereby request a formal proceeding pursuant to Sections 120.569 and 120.57(1), Florida Statutes to be held before the Division of Administrative Hearings.

DATE: _____

Signature of Petitioner

Print your name: _____

Print your full mailing address: _____

Print your phone number with area code: _____