PARENT / LEGAL GUARDIAN NOTICE

NOTICE OF LIMITED NONCONSENT

Request for Written Child Protection Information | NORTH DAKOTA

Date: [Date] Parent / guardian: [Full legal name]

Mailing address: [Street, city, state, ZIP] Email / phone (optional): [Contact]

To: North Dakota Health and Human Services / local Human Service Zone, Child Protection

Re: [Child initials / investigation reference]

To the assigned child protection worker and supervisor:

I understand child protection may assess screened-in reports. I request written identification of the assessment outcome, my rights, and any separate procedures for challenging findings or staff conduct.

LIMITED CONSENT DECISIONS

I do not give blanket advance consent to voluntary adult interviews, consensual nonemergency home entry or search, optional adult testing or evaluations, blanket release of my private records, or voluntary services or safety plans. Please explain each request and its legal basis separately so I can decide after reviewing it and, if needed, consulting counsel. This statement does not override a court order, independently authorized child interview, lawful investigation or emergency intervention.

STATE-SPECIFIC RIGHTS, EXCEPTIONS, AND DEADLINES

- Under N.D.A.C. 75-03-18-04, a qualifying assessment/tier appeal must be RECEIVED by the department within 30 days after the documented notification date. For mailed notice, notification is treated as occurring THREE DAYS after the affidavit-of-mailing date. A postmark does NOT establish timely receipt.
- A grievance about HOW an assessment was conducted is DIFFERENT: under N.D.A.C. 75-03-18.1-03 it must be WRITTEN on the agency form and filed with the relevant human service zone director within 10 days after RECEIPT of the written assessment decision.
- An informal discussion does not stop either deadline. The conduct-grievance meeting should be held within 10 days of director receipt; the director then issues a written resolution within 10 days after the meeting. These later agency periods do not extend the initial filing clocks.

PLEASE PROVIDE IN WRITING

- The assessment/tier notice, mailing affidavit, documented notification date, SFN 462 or CURRENT appeal form, correct DEPARTMENT RECEIPT address, and written instructions for the 30-day decision appeal.
- The written conduct-grievance form, local human service zone director and the separate 10-day filing instructions.
- Worker/supervisor contacts, case number, lawful allegations and proposed interviews, entry, services, testing and authority claimed.

Please include this notice in the case file and confirm receipt. I request routine nonurgent correspondence in writing. For urgent child-safety concerns, please contact me promptly through an appropriate available method.

Signature: _____ Date: _____

Printed name: _____

LEGAL REFERENCES: N.D.C.C. § 50-25.1-05.4; N.D.A.C. 75-03-18-02 to -05, 75-03-18.1-02 to -06.

LIMITATION / REVIEW HOLD: The 30-day assessment appeal and 10-day conduct grievance are DIFFERENT and may apply to different people. Confirm current forms/addresses. Research draft; not attorney-certified.

IMPORTANT - NO APPEAL FILED: This notice does not file an appeal, hearing request, grievance, or court petition; it does not pause any deadline. Follow the case-specific notice and filing instructions.