

PETITION FOR REVIEW INSTRUCTIONS



These instructions and Petition for Review form should be used to appeal to the Commonwealth Court from a final order of the Department of Human Services, Bureau of Hearings and Appeals (Bureau). To complete the form, you will need a copy of the Bureau Order that you are appealing. The instructions below will help you complete the Petition for Review form.

1. Fill in the blank space on Page 1, Paragraph 2 with the mailing date of the Bureau Order you wish to appeal. The mailing date is usually found at the end of the Bureau's Order but in some cases it may be at the beginning of the Order.
2. Fill in the blank space on Page 1, Paragraph 3 with the docket/case number located at the beginning of the Bureau Order.
3. Fill in the blank lines on Page 1, Paragraph 4 with the reasons you believe the Bureau Order is incorrect.
4. You must sign and date Pages 2, 4, and 5.
5. **You must attach a copy of the Bureau Order that you are appealing to this Petition for Review.**
6. You must file (send) the completed Petition for Review (Pages 1-5 and Bureau Order) with the Prothonotary of the Commonwealth Court by mailing the Petition for Review to the address below.

**Prothonotary
Commonwealth Court of Pennsylvania
Pennsylvania Judicial Center
601 Commonwealth Avenue, Suite 2100
P.O. Box 69185
Harrisburg, PA 17106-9185
Telephone Number: (717) 255-1650**

7. You must send a copy of the completed Petition for Review (Pages 1-5 and Bureau Order) to:
 - a. DHS, Bureau of Hearings and Appeals (see Page 5 for the address);
 - b. DHS, Office of General Counsel (see Page 5 for the address);
 - c. Attorney General (see Page 5 for the address);
 - d. Any other persons or entities that participated in the matter before the state agency.

▲ Not following these instructions may delay or prevent the Court from processing your appeal.

COMMONWEALTH COURT OF PENNSYLVANIA

(Your Name)	:	
	:	
Petitioner	:	
	:	
v.	:	
	:	
Department of Human Services,	:	
Respondent	:	

PETITION FOR REVIEW

Section 763(a)(1) of the Judicial Code, 42 Pa.C.S. §763(a)(1), gives the Court authority to hear this appeal.

1. The state agency that issued the order I am appealing is the Department of Human Services, Bureau of Hearings and Appeals.

2. The mailing date of the Order I am appealing is:
_____, 20 ____ (fill in the mailing date or date located at the beginning or end of the Bureau Order).

3. The docket/case number on the Order is: _____
(fill in the docket or case number located at the beginning of the Bureau Order).

4. The Order of the Department of Human Services, Bureau of Hearings and Appeals should be reviewed because:

(Use these lines and another piece of paper, if needed, to explain why you believe the Order is wrong.)

5. I have attached a copy of the Order of the Department of Human Services, Bureau of Hearings and Appeals.

6. WHEREFORE, I request that this Court review the Order of the Department of Human Services, Bureau of Hearings and Appeals and grant relief as may be just and proper.

(Your signature)

(Your printed name)

(Your street address)

(Your City, State, and zip code)

(Your telephone number)

(Your email address)

(Today's date)

NOTICE TO PARTICIPATE

To: Parties who participated in the proceedings before the Bureau of Hearings and Appeals:

You have not been named as a Respondent; however, you were a party before the Bureau of Hearings and Appeals whose order sought to be reviewed.

If you intend to participate in the proceeding in the Commonwealth Court, you must file and serve a Notice of Intervention under Rule 1531 of the Pennsylvania Rules of Appellate Procedure (Pa.R.A.P.) within 30 days after notice of the filing of the Petition for Review. In order to intervene beyond 30 days after notice of the filing of the Petition for Review, you must file and serve an Application for Intervention under Pa.R.A.P. 123.

This Notice is for other persons or entities who participated in the matter before the Bureau of Hearings and Appeals. It informs them that they have the right to intervene and become a party to this appeal.

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* (Public Access Policy) that require filing confidential information and documents differently than non-confidential information and documents.

Signature: _____

Name: _____

Any time you file papers with the Court, the papers must include a Certificate of Compliance with the Public Access Policy. See Pa.R.A.P. 127. Information about the Public Access Policy and this form can be found online at <https://www.pacourts.us/public-records/public-records-policies>. It is very important that you review and follow the Public Access Policy because it requires you to protect sensitive personal information in your Court filings.

PROOF OF SERVICE

1. I certify that I sent by **certified mail** a true and correct copy of the Petition for Review to the Bureau, Office of General Counsel and Attorney General of Pennsylvania at the following addresses:

**Department of Human Services
Bureau of Hearings and Appeals
2330 Vartan Way, Second Floor
Harrisburg, PA 17110-9721**

**Department of Human Services
Office of General Counsel
Third Floor West
Health & Welfare Building
Harrisburg, PA 17120**

**Attorney General of Pennsylvania
16th Floor, Strawberry Square
Harrisburg, PA 17120**

2. I certify that I sent a true and correct copy of the Petition for Review to all other persons or entities that participated in the matter before the Bureau of Hearings and Appeals to the following address using **one of the following methods**:

**Check the
method of
service used
to serve the
participant
named
above**

- ☐ First Class Mail ☐ Certified Mail ☐ Priority Mail
☐ Express Mail ☐ Personal delivery
☐ By other means permitted under Pa.R.A.P 121

Participant: _____

Address: _____

(Insert the name and address of the participant – attach additional pages if needed)

(Your signature)

(Your printed name)

(Your telephone number)

(Your email address)

(Today's date)