

# Petition for Review

## Safe at Home Address Confidentiality Program

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-253-3043

sos.tn.gov/safeathome



Tre Hargett  
Secretary of State

This form should be used to request a contested case hearing to review the Secretary of State's determination regarding a requested disclosure of program participant's confidential information; or, the Safe At Home Program's denial or cancellation of program participation.

### PETITIONER INFORMATION

Petitioner's Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Identification Number: \_\_\_\_\_ (Required, if Petitioner is a Program Participant.)

#### Mailing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you receive a letter advising that your confidential information would be disclosed to an administrative agency?

Yes  No If yes, what was the date of this letter? \_\_\_\_\_

Do you believe that disclosure of the information identified in the letter you received would endanger yourself or your minor children living in your household?  Yes  No

Are you a representative of an administrative agency filing on behalf of the agency?  Yes  No

If yes, provide your title. \_\_\_\_\_

Are you seeking to appeal the denial or cancellation of program participation?  Yes  No

**Provide a short explanation of why you want to request a contested case hearing.** Attach a separate statement if more space is needed.

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### PETITIONER SIGNATURE

Signature

Date