



Department of Professional and Occupational Regulation

Notice of Final Adverse Decision

9960 Mayland Drive, Suite 400	Inquiries and Questions: (804) 367-2941
Richmond, VA 23233-1485	TDD: Virginia Relay 7-1-1
E-Mail: cicombudsman@dpor.virginia.gov	Fax: (804) 527-4405
Website: www.dpor.virginia.gov	

A complainant may give notice to the Common Interest Community Board via the Common Interest Community Ombudsman of any final adverse decision issued by a common interest community association.

As defined in regulation 18 VAC 48-70-20, a final adverse decision means the final determination issued by an association pursuant to an association complaint procedure that is opposite of, or does not provide for, either wholly or in part, the cure or corrective action sought by the complainant. Such decision means all avenues for appeal have been exhausted.

Any Notice of Final Adverse Decision must be filed within **30 DAYS** of the date of the final adverse decision. Notices of Final Adverse Decision must be complete at the time of filing.

A complete Notice of Final Adverse Decision consists of:

1. a copy of the association complaint;
2. a copy of the final adverse decision;
3. a reference to the laws and regulations the final adverse decision may have violated;
4. any supporting documents, correspondence, and other materials related to the final adverse decision;
5. a copy of the association complaint procedure or form;
6. any applicable association governing documents; and
7. a filing fee or a request for waiver of filing fee.

Anonymous Notices of Final Adverse Decision will not be accepted.

FEE FOR FILING A NOTICE OF FINAL ADVERSE DECISION

Complainant must submit a \$25.00 filing fee with the Notice of Final Adverse Decision. The Notice of Final Adverse Decision will not be considered complete until the filing fee has been received by the Department of Professional and Occupational Regulation. The Office of the Common Interest Community Ombudsman will not begin reviewing any Notice of Final Adverse Decision until it is complete.

WAIVER OF FILING FEE

The Common Interest Community Board may, for good cause shown, waive or refund the filing fee upon a finding that payment of the filing fee will cause undue financial hardship for the complainant. A waiver form must be completed and submitted with the Notice of Final Adverse Decision. The Waiver Request form can be obtained at www.dpor.virginia.gov/. If a waiver is requested, the Common Interest Community Ombudsman will not review the Notice of Final Adverse Decision until the waiver has been granted or the Complainant has submitted a filing fee of \$25.00.

WHAT HAPPENS WHEN YOU FILE A NOTICE OF FINAL ADVERSE DECISION?

The Office of the Common Interest Community Ombudsman may request additional information from the association. The Office of the Common Interest Community Ombudsman will review the final adverse decision, and if the final adverse decision is in conflict with laws or regulations governing common interest communities or interpretations thereof by the Common Interest Community Board, the Common Interest Community Ombudsman may provide the complainant and the association with information concerning such laws or regulations or interpretations thereof by the Common Interest Community Board.

The determination of whether the final adverse decision may be in conflict with Virginia laws or regulations or interpretations thereof by the Common Interest Community Board shall be a matter within the sole discretion of the Common Interest Community Ombudsman whose decision is final and not subject to further review. This determination shall not be binding upon the complainant or the association.

NOTICE OF FINAL ADVERSE DECISION FORM INSTRUCTIONS

NOTE: Anonymity cannot be guaranteed. By law, all Notices of Final Adverse Decision and any accompanying documents received by the Department of Professional and Occupational Regulation are subject to public disclosure once a case is closed.

- ✓ Fill in complainant information.
- ✓ Fill in the date of the final adverse decision
- ✓ Fill in the name, address, and telephone number(s) of the association.
- ✓ Include a copy of the association complaint, the final adverse decision received from the association, the laws and regulations the final adverse decision may have violated, any supporting documents, correspondence, and other materials related to the final adverse decision, the association complaint procedure, and any applicable association governing documents.
- ✓ Include a check in the amount of \$25.00 made payable to the Treasurer of Virginia.
- ✓ If a waiver of the filing fee is requested, include the Request for Waiver of Filing Fee along with the Notice of Final Adverse Decision.
- ✓ Sign and date the form at the bottom of the page.

Submit the completed form, supporting documents, correspondence, and other related materials to:

Department of Professional & Occupational Regulation
Office of the Common Interest Community Ombudsman
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485

The processing of the Notice of Final Adverse Decision will be conducted in a timely manner. The complainant will be contacted if additional information is required and at the conclusion of the review. Thank you for your patience during the review process.



NOTICE OF FINAL ADVERSE DECISION

(PLEASE PRINT LEGIBLY OR TYPE)

NOTE: The Department cannot guarantee anonymity. By law, all complaints received by the Department are subject to public disclosure once a case is closed. Anonymous Notices of Final Adverse Decision will not be accepted.

COMPLAINANT INFORMATION

Name: _____

Mailing Address: _____

City, State, and Zip: _____

Phone: Home _____ Business _____ Cell _____

E-mail Address: _____

City/County: _____

Date of Final Adverse Decision: _____

ASSOCIATION INFORMATION

Name of the Association: _____

Contact Name: _____

Address: _____

City, State, and Zip: _____

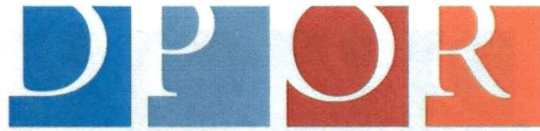
Phone: Business _____ Cell _____ Other _____

E-mail Address: _____

Management Company (if applicable): _____

I understand this Notice of Final Adverse Decision will not be complete until I have submitted all required documents and the filing fee. A financial hardship waiver may be submitted in lieu of the filing fee, but this will delay review of my Notice of Final Adverse Decision and there is no guarantee that I will be granted the waiver.

Signature: _____ Date: _____



Department of Professional and Occupational Regulation

REQUEST FOR WAIVER OF FILING FEE

9960 Mayland Drive, Suite 400	Inquiries and Questions: (804) 367-2941
Richmond, VA 23233-1485	TDD: Virginia Relay 7-1-1
E-Mail: cicombudsman@dpor.virginia.gov	Fax: (804) 527-4405
Website: www.dpor.virginia.gov	

WAIVER OF FILING FEE

The Common Interest Community Board may, for good cause shown, waive or refund the filing fee upon a finding that payment of the filing fee will cause undue financial hardship for the complainant. A Request for Waiver of Filing Fee form must be completed and submitted with the Notice of Final Adverse Decision. If a waiver is requested, the Common Interest Community Ombudsman will not review the Notice of Final Adverse Decision until the waiver has been granted or the complainant has submitted a filing fee of \$25.00.

Please complete the Request for Waiver of Filing Fee and submit the form and the completed Notice of Final Adverse Decision to:

Department of Professional and Occupational Regulation
Office of the Common Interest Community Ombudsman
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485



Department of Professional and Occupational Regulation

REQUEST FOR WAIVER OF FILING FEE

(PLEASE PRINT LEGIBLY OR TYPE)

NOTE: The Department cannot guarantee anonymity. By law, all complaints received by the Department are subject to public disclosure once a case is closed. Anonymous Notices of Final Adverse Decision will not be accepted.

REQUESTOR

Name: _____

Mailing Address: _____

City, State, and Zip: _____

Phone: Home _____ Business _____ Cell _____

E-mail Address: _____

REASON FOR REQUEST

Please use this area to provide an explanation why paying the \$25.00 filing fee would cause you undue financial hardship:

Please use additional pages if necessary and include with the Request for Waiver of Filing Fee

I understand the Notice of Final Adverse Decision will not be complete until I have submitted all required documents and the filing fee. This Request for Waiver of Filing Fee may be submitted in lieu of the filing fee, but this will delay review of my Notice of Final Adverse Decision and there is no guarantee that I will be granted the waiver.

Signature: _____ Date: _____