

OFFICE OF ADMINISTRATIVE HEARINGS

STATE OF CALIFORNIA

Consent to Electronic Service (E-Service or "SFT") Agreement

Attention: In an effort to expedite the service of documents, the Office of Administrative Hearings (OAH) allows parties to receive documents electronically. By completing this form, you are agreeing to receive your documents from OAH by Secure e-File (SFT). You may access the OAH secure e-File system at <https://www.applications.dgs.ca.gov/oah/oahsftweb> to register for an account, if you have not done so already.

Instructions

1. Complete the form.
2. Requestor information. Enter the firm/agency name, requestor's name, telephone number and the program(s) to which this form will apply.
3. Method of Service. Select the method of service and complete the contact information as applicable. Remove previous names.
4. Terms and Conditions. Read the terms and conditions. Select a condition in which this form will apply. Complete the signature authorizing service of process.

5. Submit the completed form using the Office of Administrative Hearings Secure File Transfer System at: <https://www.applications.dgs.ca.gov/oah/oahsftweb>.

One agreement must be submitted per person, per LEA, or per Governmental Agency or Law Firm, as applicable.

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Requestor Information

Full Name of Firm/Agency Requesting

Full Name of Person Requesting

Telephone Number

Please identify the program(s) to which this applies

Method of Service (Select ONE option)

The Office of Administrative Hearings will serve your documents according to the option indicated below.

Complete the information for the desired service option selected below.

Option #1 Secure e-File (SFT) Only

Option #2 U.S. Mail + Secure e-File (SFT)

Requestor's Email Address

Additional Email Addresses for Copies

Mailing Address (if mail option selected)

Remove the following additional email address(es) related to the attorney named above

Do not remove any names already in place

Terms and Conditions (Select ONE option)

By signing this form, you acknowledge and agree to receive documents from OAH according to the option selected above until notified otherwise. In the event that your contact information should change it is your responsibility to notify OAH.

I agree to accept service of documents from OAH by the option selected above for ALL current and future cases with OAH.

I no longer wish to participate in electronic service. Please cancel my previous agreement.

Requestor's Signature

By checking this box and typing my name below, I am electronically signing this agreement.

Date

Title of person making this request

For multiple requestors, you may attach an additional sheet containing a list of each requestor's contact information and additional email address(es) to be applied to each requestor.

For E-filing <https://www.applications.dgs.ca.gov/oah/oahsftweb>

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Privacy Notice

This notice is provided pursuant to the Information Practices Act of 1977 (Civil Code, Section 1798 et seq.).

All information and records submitted to OAH may be subject to disclosure in accordance with the California Public Records Act (Government Code, Section 6250 et seq.), and other applicable authority unless expressly prohibited by law. Proceedings before OAH and records held by OAH are public unless otherwise provided by statute (Government Code, Section 11425.20). For example, the Family Educational Rights and Privacy Act (FERPA 20 United States Code Section 1232(g)) recognizes privacy rights to educational records in certain limited circumstances. It is the obligation of the parties to determine if case filings or proceedings require privacy protections. OAH cannot provide legal advice.

The Information Practices Act requires OAH to provide notice to individuals who submit personal information to OAH.

- 1) This notice does not apply to information provided by an agency or to routine contact information collected by OAH for the purpose of identification or communication regarding the case.

- 2) To the extent this form seeks information about a need for accommodation, OAH requests the information for the sole purpose of making a determination about the accommodation an individual is seeking. An individual seeking an accommodation is not required to use this form; it is provided as a convenience only. OAH can request this information in accordance with the Americans with Disabilities Act (42 United State Code Section 12101 et seq.).

- 3) Requests for Public Records or information maintained in accordance with the Information Practices Act shall be directed to the OAH Public Records Officer, 2349 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833, (916) 263-0550, or OAHPRRA@dgs.ca.gov.