

**OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA
GENERAL JURISDICTION DIVISION**

**Request for Continuance of Mediation and/or Fair Hearing
and Waiver of Time**

Instructions:

After receiving a request for mediation and/or fair hearing in a Department of Rehabilitation case, OAH issues a notice which sets the dates for the mediation and/or fair hearing.

This form may be used to ask for a continuance of the mediation and/or fair hearing. You should provide documents to support your request (such as a doctor's note, copies of travel documents, etc.) if you have them. Failure to provide all information may result in delay in processing your request. If the appellant or appellant's authorized representative requests the continuance, the waiver of time section must be completed and signed. Failure to complete and sign waiver of time may result in the delay or denial of your request.

Please submit the completed form and all supporting documents using the Office of Administrative Hearings Secure e-File system at:

<https://www.applications.dgs.ca.gov/oah/oahsftweb>

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STATE OF CALIFORNIA
GENERAL JURISDICTION DIVISION**

**Request for Continuance of Mediation and/or Fair Hearing
and Waiver of Time**

Case Information

Date

Appellant's Name

OAH Case Number

DOR District Office

This Continuance is Being Requested By

Appellant

Appellant's Representative (print name)

Phone number (required)

Department of Rehabilitation Representative (print name)

Phone number (required)

Request for Continuance of Mediation Date

Current Mediation Date

Preferred Mediation Dates and Times

Unavailable Dates and Times

Please cancel the mediation without resetting

Request for Continuance of Hearing Date

Current Hearing Date

Preferred Hearing Dates and Times

Unavailable Dates and Times

Please explain the need for a continuance (attach additional documents if necessary)

I personally spoke with (other party to case)

Appellant

Appellant's Authorized Representative (print name and phone number)

DOR Representative (print name and phone number)

and that person

has agreed to a continuance of the hearing and/or mediation as indicated above

has opposed a continuance of the hearing and/or mediation

I have given a copy of this completed form to all parties and OAH.

Both parties understand and agree that by changing the hearing dates they are agreeing to extend the timeline for issuance of a decision.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT.

By typing my name below, I am agreeing to electronically signing this form.

Signature of Appellant or Authorized Representative

Date

Signature of Department of Rehabilitation Representative

Date

**WAIVER OF TIME SET BY LAW FOR MEDIATION AND FAIR HEARING
DECISION (to be completed by Appellant or Appellant's authorized
representative agreeing to a continuance)**

I waive my right to have a fair hearing within 60 days of the date the Department of Rehabilitation Legal Affairs Unit received by fair hearing request (Welfare & Institutions Code section 19704(c)).

I do not waive my right to have the hearing officer render a decision within 30 working days of the submission of the case for decision (Welfare & Institutions Code section 19705 (d)(3)(c)).

Appellant

Appellant's Authorized Representative

By typing my name below, I am agreeing to electronically signing this form.

Signature

Printed Name

Dated

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 OAHPR@dgs.ca.gov