

**BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA**

In the Matter of:

CLAIMANT

and

NORTH LOS ANGELES COUNTY REGIONAL CENTER,

Service Agency

DDS No. CS0032064

OAH No. 2025120637

DECISION

Cindy F. Forman, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter in Los Angeles, California, on February 27, 2026.

Claimant's mother (Mother), an attorney, represented Claimant, who was not present at the hearing. (Claimant and his family members shall not be identified to preserve their privacy.)

Paul Mejia, Due Process Officer, represented North Los Angeles County Regional Center (Service Agency).

Evidence was received on February 27, 2026. By the Administrative Law Judge's motion, the hearing was continued until March 6, 2026, to allow Claimant to admit a calendar Mother used as demonstrative evidence at the close of hearing and to permit Service Agency to file a response.

On March 4, 2025, Claimant submitted 11 exhibits. The exhibits, marked for identification as Exhibits H through R, consist of the following: Exhibit H – a report about Claimant and his interests as well as medical information; Exhibit I – a letter from Claimant's primary care physician; Exhibit J – the November 5, 2025 Notice of Action; Exhibit K – the Department of Developmental Services (DDS) Definition of Respite; Exhibit L – a California State Auditor Report on Respite; Exhibit M – the family calendar with annotations not present when Mother initially referred to the calendar; Exhibit N – the Individual Program Plan (IPP) Addendum; Exhibit O – email correspondence with Service Agency regarding respite; Exhibit P – additional correspondence with Service Agency regarding respite; Exhibit Q – additional correspondence with Service Agency regarding Service Agency's recent authorization of services; and Exhibit R – a copy of a travel article by Mother.

On March 6, 2025, Service Agency filed a motion to suppress the 11 exhibits. In the motion, Service Agency asserted that Claimant's March 4 submission exceeded the Administrative Law Judge's directive because in addition to the calendar, the submission included documents and materials that were not part of the hearing record in addition to the calendar. Service Agency maintained that admission of the documents into the record is improper because the documents were not produced promptly and the documents were not discussed during the hearing. Service Agency also maintained that it did not have an opportunity to cross-examine Claimant

regarding the additional materials. Service Agency noted Exhibit M, which is the calendar referenced in Mother's closing argument, is annotated.

On March 6, 2026, Mother filed a response to Service Agency's motion. Mother recognized the ALJ's order was directed to the admission of the calendar but asserted the order did not prohibit the submission of "related documentary materials clarifying the record."

In the interest of justice, an administrative law judge is empowered to allow the introduction of documents not previously disclosed and to admit all relevant evidence. (Welf. & Inst. Code, § 4712, subds. (d)(4)(A), (i)(2).) Although the Administrative Law Judge's order expressly addressed the calendar Mother displayed at hearing, the additional documents Mother seeks to introduce are relevant to the case. Service Agency was aware of nearly all, if not all, of Claimant's submissions before the fair hearing, and some of the exhibits are duplicates of those offered by Service Agency or previously designated by Claimant. Service Agency has not established how it is prejudiced by Mother's introduction of the additional submissions. Accordingly, Service Agency's motion to suppress Mother's submission is denied. Exhibits H through R are admitted.

ISSUE

Whether Claimant should be granted 100 hours per month of respite care services.

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EVIDENCE RELIED UPON

The Administrative Law Judge relied on the testimony of Father, Service Agency Nurse Consultant Jennifer Castaneda, R.N., and Service Agency Consumer Services Supervisor Gerald Calderone. The Administrative Law Judge also relied on Service Agency Exhibits 1 through 18 and Claimant Exhibits A through R.

FACTUAL FINDINGS

1. Claimant is a 19-year-old male who is eligible for regional center services based on his qualifying diagnosis of mild intellectual disability.
2. On November 5, 2025, Service Agency issued a Notice of Action denying Claimant's request for an additional 100 hours of monthly respite care services. Service Agency instead offered to increase Claimant's personal assistance (PA) services from six to eight hours daily and maintain the 50 hours of respite care services Claimant already receives. (Exhibit 1, p. A152.)
3. On December 12, 2025, Claimant appealed Service Agency's denial. (Exhibit A, p. A183.) This hearing followed.

Background

4. Claimant lives with his parents and his older sister. Claimant has additional diagnoses for epilepsy, mild intermittent asthma, and disordered amino-acid metabolism and succinic semialdehyde dehydrogenase deficiency, a disorder that can cause a variety of neurological problems, decreased muscle tone, and gross lack of coordination.

5. Claimant has limited speech and speaks only a few words. Claimant primarily expresses himself using gestures and pointing, although he understands what is said to him. Claimant requires assistance with mobility and with activities of daily living. He requires special food preparation and close supervision while eating to ensure his safety. He also has inconsistent and disruptive sleep, sleeping between one and six hours per night.

6. Claimant has exhibited an increase in seizure activity, and he has sought emergency room treatment for his seizures several times over the past year. One recent emergency visit resulted in a five-day hospitalization stay. According to medical records, Claimant's seizures are triggered by fever, lack of sleep, and constipation. Claimant requires medication to treat his seizures. His medication is managed by his parents.

7. Claimant does not attend his local public high school. He is presently homeschooled with Father providing homeschool support. Claimant's school day is from 3:00 p.m. to 5:00 p.m., three days per week. Mother works full-time during the day.

8. Claimant requires supervision to ensure his safety seven days per week, 24 hours per day. According to a 2025 assessment by the Department of Social Services to determine the scope of Claimant's In-Home Support Services (IHSS) benefits, the Department found Claimant was unable to "assess when something is dangerous and take action to avoid getting hurt." (Exhibit 14, p. A144.) The Department of Social Services explained Claimant needed 24-hour supervision to help him "avoid getting hurt." The Department of Social Services cautioned that during times outside of IHSS supervision, "supervision must be provided through another agency or person to make sure [Claimant has] supervision 24-hours a day." (*Ibid.*)

9. Claimant currently receives the maximum allowable hours per month of IHSS service hours, which is 283 hours. Father is Claimant's IHSS provider. In response to Claimant's request for increased respite care services, Service Agency authorized Claimant to receive personal assistance (PA) services eight hours per day, seven days per week, and 50 hours a month of respite care services. Claimant's sister is his PA services provider and respite care services provider. Claimant currently does not have an extended family or any nonfamily care providers. When Claimant is not supervised by his sister as Claimant's respite service provider or PA services provider, Father provides care, even if such care exceeds Claimant's 283 hours of IHSS allotment.

10. As Claimant's IHSS provider, Father dresses, feeds, and provides 24-hour protective supervision for Claimant. Father also tends to Claimant's nightly needs. According to the calendar provided by Claimant (Exhibit M), for the first three weeks of the month, Claimant receives 15 hours of IHSS services, eight hours of PA services, and one hour of respite care services, each day for a total of 24 hours of care and supervision. By the third week of each month, Claimant has exhausted the allotted IHSS hours. During the last nine days of each month, Claimant has an available reserve of only eight hours of PA services. Father makes up the 16-hour difference, even though he is no longer paid for his services.

11. Father requires respite care services to allow him to get uninterrupted sleep, go out for a meal, exercise, attend to his own health care needs, manage daily living responsibilities, spend time with other family members, and preserve his mental and emotional well-being. According to Father, the one or two hours of respite care services he is allocated each day for Claimant are not enough to make up for his lost sleep or engage in self-care. Father contends the blocks of PA services time Claimant receives do not provide a meaningful break because he is present in the house when

Claimant receives PA services. Father feels he needs to supervise Claimant even when Claimant's PA service provider is present and is obligated to tell the PA service provider what tasks need to be completed. Father also contends that the allotted PA hours overlap with his IHSS hours, and therefore Claimant cannot fully take advantage of them. Father would like to bank or shift the PA service hours so he can more effectively use them to address his personal needs.

Request for Additional Respite and Regional Center Response

12. In October 2025, Claimant's family formally requested an additional 100 hours of respite care services each month, resulting in a total monthly allotment of 150 respite care service hours per month. Claimant's parents contended that the current allotment of PA service hours and respite care services did not allow Father to rest or attend to his personal needs. Father was exhausted by his constant care, day and night, of Claimant. In correspondence with Service Agency and during Claimant's IPP meetings, Claimant's parents have repeatedly made clear that they view respite care service hours and PA service hours differently. They contend respite care service hours are intended to provide them with a wellness break from caring for Claimant, and PA service hours are for an extra set of hands to assist Claimant.

13. After Service Agency issued a Notice of Action denying Claimant's request for additional respite care service hours, Service Agency requested a nursing assessment to determine the level of respite care services Claimant requires, given his recent seizure history. Jennifer Castaneda, R.N. (RN Castaneda), a nursing consultant for Service Agency, prepared a report of her assessment, dated February 10, 2026, and supplemented on February 25, 2026, and testified at hearing as to her findings. She agreed that Claimant required 24-hour care and supervision. Although RN Castaneda initially found Claimant's risk of seizures warranted full-time care by a licensed

vocational nurse, she ultimately determined, after consulting with her nursing supervisor, Service Agency's medical director, and Claimant's primary care physician, Claimant could receive respite care services and PA services from a non-licensed provider. However, RN Castaneda noted that generic resources might be able to fund Claimant's personal assistance or respite care because of Claimant's medical needs. RN Castaneda recommended Claimant pursue Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services from Medicaid or nursing support services under the HCBA Waiver through Medi-Cal to fund such care, and Service Agency fund the gap in the necessary services during this time to ensure continuity of care. (Exhibit 15, p. A148.)

14. In response to RN Castaneda's report, on February 26, 2026, Service Agency authorized an additional 106 hours per month of PA services (3.5 hours per day), effective immediately through June 30, 2026, to fund the gap while the family pursues generic resources. (Exhibit 18, p. A211.) According to the authorization, before the end of the funding period, Service Agency will review the authorization based on the status of Claimant's efforts to access generic resources, presumably the EPSDT services and HCBA Waiver services recommended by RN Castaneda. Service Agency asserted the additional 106 hours per month of personal assistance care would cover 100 percent of Claimant's non-supervised time. Based on this authorization, Claimant will receive 50 hours of respite and approximately 345 hours of PA services per month, in addition to the 283 IHHS hours, totaling 675 hours out of a maximum of 720 hours of services per month. The record did not make clear whether the time Claimant is expected to attend public school is considered additional supervised time and comprises the 45 hour shortfall.

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15. Gerald Calderone has worked for Service Agency for 13 years and is currently a Consumer Services Supervisor – Transition at Service Agency. Mr. Calderone supervises Danielle Vargas, the service coordinator assigned to Claimant’s case, and is therefore familiar with Claimant’s circumstances and the family’s request for additional respite care services. At hearing, Mr. Calderone explained that IHSS services and PA services serve similar purposes, and PA services are to supplement Claimant’s care when generic resources, such as IHSS and Claimant’s school program, are exhausted. Mr. Calderone further explained that Service Agency provided PA services to Claimant instead of respite care services because PA services better align with Claimant’s need for 24-hour support and supervision. Service Agency expects a PA service provider to have the skills to assist and accompany Claimant in and outside the home without anyone else in attendance, and the PA service provider does not require supervision. Thus, Service Agency believes Father can take breaks and engage in self-care during the 11.5 hours per day when Claimant’s PA service provider is present. Mr. Calderone also noted that Claimant’s family does not exhaust the 50 hours of respite care services already allocated, and therefore Service Agency could not justify awarding additional respite care service hours. According to Mr. Calderone, Service Agency would consider additional respite care service hours for a vacation or work needs on a case-by-case basis and also consider a monthly allotment for PA services, instead of a daily allotment, if such an arrangement would better address the family’s needs.

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LEGAL CONCLUSIONS

Burden and Standard of Proof

1. The party asserting a claim generally has the burden of proof in administrative proceedings. (See, e.g., *Hughes v. Board of Architectural Examiners* (1998) 17 Cal.4th 763, 789, fn. 9.) Here, Claimant seeks an additional 100 hours of respite care services a month. Claimant therefore has the burden of proving by a preponderance of the evidence that he is entitled to the requested services. (See Evid. Code, § 500.) A preponderance of the evidence means evidence that has more convincing force than that opposed to it. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.) Claimant has not met his burden here.

Lanterman Act

2. The Lanterman Act requires an IPP to be developed and implemented for each person who is eligible for regional center services. (Welf. & Inst. Code, § 4646.) The IPP includes the consumer's goals and objectives as well as required services and supports. (Welf. & Inst. Code, §§ 4646.5 & 4648.) The services and supports provided or secured by the regional center are to respect and support the family's decision making, be flexible and creative to meet the claimant's unique and individual needs over time, recognize family strengths, natural supports, and existing community resources, and focus on the entire family. (Welf. & Inst. Code, § 4685, subd. (b).)

3. The planning process for an IPP comprises "[g]athering information and conducting assessments to determine the life goals, capabilities and strengths, preferences, barriers and concerns or problems of the person with developmental disabilities." (Welf. & Inst. Code, § 4646.5, subd. (a)(1).) The assessment includes

information from the consumer, the consumer's family, the providers of services and supports, and other agencies. Based on the assessments, the IPP identifies the type and amount of services and supports purchased from the regional center or obtained from generic agencies or other resources to achieve the IPP goals and objectives, and the service providers responsible for attaining such goals and objectives. (Welf. & Inst. Code, § 4646.5, subd. (a)(5).) The purpose of the assessments is to ensure the requested services meet the consumer's needs and are provided in a cost-efficient manner.

4. A regional center has discretion in determining which services it should purchase to best accomplish all or any part of a consumer's IPP. (Welf. & Inst. Code, § 4648.) Services are purchased based on a consumer's needs, progress, and circumstances, as well as consideration of a regional center's service policies, resources, and professional judgment as to how the IPP can best be implemented. (Welf. & Inst. Code, §§ 4646, 4648, 4624, 4630, subd. (b), and 4651; *Williams v. Macomber* (1990) 226 Cal.App.3d 225, 233.)

5. Respite is a service and support offered under the Lanterman Act. (Welf. & Inst. Code, § 4512, subd. (b).) Respite services are "designed to assist family members in maintaining the client at home, providing appropriate care and supervision to the client when the family is not at home, relieving family members from their constant responsibilities, and attending to the client's basic self-care needs, activities of daily living, and usual daily routines." (Welf. & Inst. Code, § 4690.2, subd. (a).) Respite can be provided by a respite agency, an Employer of Record, or paid through a Financial Management Services agency.

6. Personal assistance services are also services under the Lanterman Act. (Welf. & Inst. Code, § 4512, subd. (b).) Personal assistants assist consumers who require

support in activities of daily living, including bathing, grooming, dressing, toileting, meal preparation, feeding, and protective supervision. "Personal assistant services are intended to provide adult consumers with appropriate care and supervision and assist consumers in maintaining community living arrangements, including a living arrangement in the family home, if that is the consumer's preference." (Exhibit 13, p. A90.)

Analysis and Disposition

7. It is undisputed that Claimant requires 24 hours of supervision and care. In response, Service Agency proposed to fund approximately 345 hours of PA services per month until at least June 2026, amounting to 11.5 hours of PA services per day. Service Agency determined that an increase in Claimant's PA service hours, combined with Claimant's IHSS allotment, is the best way to address Claimant's personal care and supervision needs. Claimant failed to demonstrate that Father need more recovery time than the 11.5 hours a day during which Claimant will receive care from his PA services provider under Service Agency's most recent proposal. That PA services are directed to care for Claimant, and not to provide relief for a caretaker, does not mean that Father cannot take advantage of that time to care for himself. Service Agency does not expect, and the law does not require, a parent to be present when Claimant's PA service provider is assisting Claimant, who is now an adult. Claimant's parents offered no evidence that Claimant requires the care of two providers at the same time. Moreover, Claimant's sister is both Claimant's respite services provider and PA services provider, and Claimant's parents did not explain how her services in each capacity differ or how those differences, if any, impact their ability to address their own needs. Service Agency is also willing to consider providing PA services monthly to better fit the family's needs or providing extraordinary respite relief for special circumstances.

8. Accordingly, Claimant failed to prove by a preponderance of evidence that he is entitled to an additional 100 hours of respite each month. Claimant's appeal therefore is denied.

ORDER

Claimant's appeal is denied.

DATE:

CINDY F. FORMAN
Administrative Law Judge
Office of Administrative Hearings

NOTICE

This is the final administrative decision. Each party is bound by this decision. Either party may request reconsideration pursuant to subdivision (b) of Welfare and Institutions Code section 4713 within 15 days of receiving the decision, or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.

**BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA**

In the Matter of:

Claimant,

vs.

North Los Angeles County Regional Center,

Service Agency.

OAH No. 2025120637

DDS Tracking No. CS0032064

ORDER DENYING CLAIMANT'S APPLICATION FOR RECONSIDERATION

An Administrative Law Judge (ALJ) from the Office of Administrative Hearings (OAH) issued a final decision (Decision) in this matter on March 20, 2026.

On April 1, 2026, Claimant applied to OAH for reconsideration of the Decision under Welfare and Institutions Code section 4713. The application for reconsideration was timely submitted. Claimant gave appropriate notice of her application of reconsideration to North Los Angeles County Regional Center (Service Agency). Service Agency did not file a response.

The undersigned hearing officer, who did not hear the matter or write the decision for which reconsideration is requested, was assigned to decide the application for reconsideration under Welfare and Institutions Code section 4713.

Welfare and Institutions Code section 4713, subdivision (b), provides that a party may apply for reconsideration to correct a mistake of fact or law or a clerical error in the decision, or to address the decision of the original hearing officer not to recuse themselves following a request pursuant to Welfare and Institutions Code section 4712, subdivision (g). Pursuant to Welfare and Institutions Code section 4713, subdivision (d), the application for reconsideration must be decided within 15 days of receipt; the hearing office responsible for deciding the application for reconsideration may deny it, grant it, and modify the decision, or grant it and set the matter for another hearing.

The wording of Welfare and Institutions Code section 4713, subdivision (b), as well as the expedited deadline for deciding an application for reconsideration set by Welfare and Institutions Code section 4713, subdivision (d), make clear that the mistake of fact or law in question must be apparent from the Decision, such as an obvious mathematical error in calculating hours of service, an order that fails to accurately encompass the legal conclusions, citation to the wrong statute, or reliance on a law that is no longer in effect. In such instances, the hearing officer can either correct the mistake if the resolution is apparent from the decision, or order the matter to be reheard if the resolution is not apparent.

There is nothing in Welfare and Institutions Code section 4713 suggesting that an application for reconsideration contemplates the hearing officer reviewing the entire record, including the admitted exhibits and the recorded hearing, to determine if the hearing officer made errors in evidentiary rulings or made mistakes of fact or

law. That process is reserved for appeals of the underlying decision to the Superior Court, not in an application for reconsideration pursuant to Welfare and Institutions Code section 4713.

ANALYSIS

Background

In the underlying case, the hearing officer considered whether Claimant should be granted an additional 100 hours of monthly respite care services, resulting in a total monthly allotment of 150 respite care service hours. Claimant, a 19-year-old male, requires supervision to ensure his safety seven days per week, 24 hours per day (maximum hours of 720). Claimant currently receives the maximum allowable monthly In-Home Supportive Services (IHSS) hours, which is 283 hours. Father, Claimant's IHSS provider, requires respite care services "to allow him to get uninterrupted sleep, go out for a meal, exercise, attend to his own health care needs, manage daily living responsibilities, spend time with other family members, and preserve his mental and emotional well-being." (Decision, p. 6-7.) In response to Claimant's request for increased respite care services, Service Agency authorized Claimant to receive personal assistance (PA) services eight hours per day, seven days per week, and 50 hours of monthly respite care services. In February 2026, Service Agency authorized an additional 106 hours of monthly PA services, totaling 11.5 hours of PA services per day, effective immediately through June 30, 2026, to fund the gap while the family pursues generic resources. The hearing officer upheld Service Agency's decision to deny Claimant's request for an additional 100 hours of monthly respite care services because Claimant failed to prove by a preponderance of the evidence that he is entitled to an additional 100 hours of respite care services each month.

Claimant's Application for Reconsideration

Claimant seeks reconsideration on the following claimed procedural errors and mistakes of law:

First, Claimant contends the Decision improperly relied on Service Agency's February 2026 authorization, in which Service Agency "authorized an additional 106 hours of monthly PA services, effective immediately through June 30, 2026, to fund the gap while the family pursues generic resources." (Decision, p. 8.) Claimant argues that the Decision should evaluate the November 2025 Notice of Action as the action under review, and not rely on the February 2026 authorization, which is "a separate, later proposal unless that earlier action had been withdrawn, superseded, or replaced in a manner that provided notice and an opportunity to challenge the new determination." (Application, p. 2.)

It is clear from the Decision that the February 2026 authorization was admitted into evidence, as Exhibit 18, and is part of the record, allowing the hearing officer to consider Exhibit 18 when making its decision. Therefore, the Decision properly relied on the February 2026 authorization.

Second, Claimant contends that even if the Decision properly relied on the February 2026 authorization, the Decision incorrectly rested on a temporary and factually incomplete authorization as a final resolution of Claimant's needs. The Decision did not rely on the February 2026 authorization as a final resolution of Claimant's needs by stating, "Service Agency is [also] willing to consider providing PA services monthly to better fit the family's needs or providing extraordinary respite relief for special circumstances." (Decision, p. 12.) However, the hearing officer's reliance on a temporary

and factually incomplete authorization is not mistake of fact or law or a clerical error in the decision within the scope of Welfare and Institutions Code section 4713.

Third, Claimant contends the Decision relied on unsupported assumptions regarding generic resources. According to the Decision, Service Agency Nurse Consultant Jennifer Castaneda recommended that "Claimant pursue Early and Periodic Screening Diagnostic, and Treatment (EPSDT) services from Medicaid or nursing support services under the HCBA Waiver through Medi-Cal to fund such care, and Service Agency fund the gap in the necessary services during this time to ensure continuity of care." (Decision, p. 8.) Claimant further contends that the evidentiary record did not establish that such recommended generic resources would provide respite care services. Under Welfare and Institutions Code section 4646, subdivision (a), Service Agency must ensure that purchased services reflect both Claimant's developmental needs and the cost-effective use of public funds, while requiring the use of generic resources where appropriate. Generic resources include resources from governmental or other entities or programs required to provide or pay for services, including Medi-Cal and Medicare. (Welf. & Inst. Code, § 4659, subd. (a)(1).) Therefore, Claimant's contentions are incorrect because although the recommended services from Medicaid and Medi-Cal may provide different services than respite care services, these services from Medicaid and Medi-Cal are generic resources that can be pursued.

Fourth, Claimant contends the Decision impermissibly treats PA services as a substitute for respite care services. The Decision states: "That PA services are directed to care for Claimant, and not to provide relief for a caretaker, does not mean that Father cannot take advantage of that time to care for himself. Service Agency does not expect, and the law does not require, a parent to be present when Claimant's PA service provider is assisting Claimant," (Decision, p. 12.) Under the Lanterman Act, services

are purchased based on a consumer's needs, progress, and circumstances, as well as consideration of a regional center's service policies, resources, and professional judgement as to how the Individualized Program Plan can best be implemented. (Welf. & Inst. Code, §§ 4646, 4648, 4624, 4630, subd. (b), and 4651; *Williams v. Macomber* (1990) 226 Cal.App.3d 225, 233.) In considering Claimant's request, the Decision properly considered Claimant's needs, progress, and circumstances, as well as Service Agency's determination that "an increase in Claimant's PA service hours, combined with Claimant's IHSS allotment, is the best way to address Claimant's personal care and supervision needs." (Decision, p. 12.) If Claimant's request granted, the total hours of monthly services would be 778 hours, which includes the requested 150 hours of respite care services, 345 hours of PA services, and 283 hours of IHSS per month, and thus, would exceed the maximum hours of 720 per month.

Lastly, Claimant contends the Decision misapplied the burden of proof by requiring extraordinary proof of an inherent need for respite care services. However, Claimant's contention is mistaken. The Decision applied the correct burden of proof by requiring Claimant to prove by a preponderance of the evidence that he is entitled to the requested 150 hours of monthly respite care services. The Decision states that Claimant failed to demonstrate that Father needs more respite time than the 11.5 hours a day during which Claimant will receive care from his PA services provider under Service Agency's February 2026 authorization.

For these reasons, the application for reconsideration must be denied.

ORDER

The application for reconsideration is DENIED.

DATE:

SANDY YU

Administrative Law Judge

Office of Administrative Hearings