

**OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA
SPECIAL EDUCATION DIVISION**

**APPLICATION FOR INCLUSION IN THE LISTS OF LOW-COST
OR FREE SPECIAL EDUCATION ATTORNEYS OR
ADVOCATES**

HOW TO APPLY

OAH maintains on its website a list of Attorneys and Advocates who provide OAH with a completed application in which applicants certify that they provide free or reduced cost representation within the meaning of Education Code section 56502, subdivision (h). Applicants must submit their applications according to the guidelines set forth below.

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Applications will be processed according to the order in which they are received as staff time allows. Applicants will be notified when their information has been added to the list.

Alternative formats are available upon request. To request an alternative format please email DGSOAHFeedback@dgs.ca.gov. You must specify the format required.

To be deemed complete the application must:

1. Identify if the applicant is seeking to be on the attorney list or the advocate list.
2. If the applicant is an individual, the applicant's name must be legible and must be stated in the following format: last name, first name. If a title is included the title should be stated after the first name. For example, "Dr. Hancock Corbett" should be stated as: "Corbett, Hancock, Dr."
3. One application may be for both the individual and the corporation. To indicate that both the individual and corporation should be two separate entries both boxes must be checked under the "Identify List" section. For example, if the individual is an advocate and is part of a corporation, then both the "advocate" box and the "corporation" box must be checked.

ALL information must be the same. If any information is different, e.g. a general email for the corporation and an individual's direct email are desired, two different applications must be submitted. The individual will be used as the contact for the corporation. If a different contact is desired then, again, two separate applications must be submitted.

4. Website and email addresses, if provided, must be complete. For example, if the website address has "https://www" as part of the address then this must be included in the application. Website addresses such as "media.org" will not be accepted.

5. Geographic areas served must be identified. If all areas are checked then the listing will only be included in the "All California" listing.
6. The application must be signed by the applicant or one authorized to sign on behalf of the organization.
7. All information must be legible, including numbers. Be sure the entire number is clearly shown in the field.

GENERAL INFORMATION

OAH will include on the list all persons and organizations that provide a complete application and certify that they provide free or reduced cost representation within the meaning of Education Code section 56502, subdivision (h).

Applicants may either submit the completed form application or a letter which contains all of the information requested in the form application. If a letter is sent, the letter must contain, in addition to the information requested on the form, the following language with the appropriate signature:

"I declare under penalty of perjury that the person or organization above provides free or reduced cost representation or other assistance within the meaning of Education Code section 56502, subdivision (h)."

SUBMITTING THE APPLICATION

The application or the letter should be submitted to OAHSEOPs@dgs.ca.gov. Applications submitted other than to the "OAHSEOPs@dgs.ca.gov" mailbox may not be processed.

APPLICATION FOR ATTORNEY OR ADVOCATE LIST

APPLICANT'S INFORMATION:

The information below will be included in the list to which the applicant is applying and will be public information. Unless otherwise indicated below, leave the space blank if you do not wish to have the information on the list to which you are applying.

Applicant's name is required information as is the designation as either an attorney or an advocate.

Identify List:

Please identify if the applicant is an attorney or an advocate by checking the appropriate box below. This is required information.

Applicant is an individual attorney to be listed as an individual attorney on the Attorney list.

Applicant is an organization providing legal services by attorneys to be listed as an organization on the Attorney list.

Applicant is an advocate to be listed as an individual on the Advocate list.

Applicant is an organization providing advocate services to be listed on the Advocate list.

Applicant - Individual

Last Name:

First Name:

Name of Organization (if you wish the organization's name to appear under the individual's name):

Applicant - Organization

Name of Organization:

Contact Person:

Name (Last Name, First Name):

Title:

Mailing Address for Applicant:

Enter in the space below applicant's complete mailing address, including the street, city and zip code.

Complete Email Address to be Shown on the List (list only one):

Complete Website address (URL) to be Shown on the List (list only one)

Phone Number to be Shown on the List (list only one):

Fax Number to be Shown on the List, if any (list only one):

Geographic Areas Served – Required Information

Check the boxes below as appropriate to identify the geographic areas served by applicant. No write-in information will be included on the lists. Check all boxes that apply.

Northern California

Southern California

San Diego Area

All of California

Student Population Served – Required Information

Check the boxes below as appropriate to identify the student population served by applicant. No write-in information will be included on the lists. Check all boxes that apply.

Pre-School

Elementary School

Junior High/High School

18 and Older

SIGNATURE – REQUIRED

Instructions:

An individual applicant must sign in the space below and provide the date of signature. A title is not necessary. If applicant is an organization, then please print the name of the person signing on behalf of the organization and provide the title for that person indicating the authority to sign on behalf of the organization.

Certification Under Penalty of Perjury - Required:

I declare under penalty of perjury by typing my name below I agree that I am electronically signing this application, and certifying under penalty of perjury, that the person or organization identified above provides free or reduced cost representation or other assistance within the meaning of Education Code section 56502, subdivision (h). This is a required field.

Print Name and Title, if Any:

Date of Signature: