APPLICATION FOR INCLUSION IN EITHER THE LIST OF LOW-COST OR FREE ATTORNEYS OR THE OF LIST OF LOW-COST OR FREE ADVOCATES

HOW TO APPLY

To be included in these lists as either an attorney or an advocate, please submit a completed application by July 30 of each year. All those who wish to be included in the lists must submit a complete, NEW application by that date. The list will be issued on or before August 30 of each year. The Office of Administrative Hearings, referred to as "OAH," will accept applications beginning July 1 of each year and will continue to accept applications until July 30. Applications received before July 1 will not be accepted.

An Update List will be issued on or before March 15 of each year. Those that miss the July 30 deadline, or those that have changes in contact information, may submit a complete, NEW application between February 1 and February 28 of each year. Those already on the list for that year who do not require any changes in their information will not need to resubmit for the Update List.

Each individual attorney or advocate must submit an application. Applications containing more than one name will not be accepted. For example, attorneys who belong to the same law firm must each submit their own complete application.

OAH will include on the lists all persons and organizations that provide the information set forth below, and certify that they provide free or reduced cost representation or assistance 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 the following language with the appropriate signature: "I declare 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)."

Applicants may, by checking the appropriate box or boxes, identify the geographical areas of practice as either: Northern California, Southern California, San Diego Area, or All California. Any other descriptions will be omitted from the list.

When completing the form application, please enter either "N/A" or "Not Applicable" in each field that does not apply. For example, if the applicant is an individual then "N/A" or "Not Applicable" should be entered in the fields pertaining to an organization.

The complete and signed application or the letter should be submitted to laurie.crom@dgs.ca.gov. If applicants are unable to email the signed complete application then the application may be submitted by U.S. mail to:

Office of Administrative Hearings
Attention: Laurie Crom
2349 Gateway oaks Drive, Suite 200
Sacramento, CA 95833

APPLICATION

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 applicant is 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 Attorney

☐ Applicant is an Advocate

NAME OF APPLICANT:

For individual applicants, please state the applicant's full name and title, if any. Please enter the information in the following format: Last name, first name, title, if any. This is required information if the applicant is an individual.

For an applicant that is an organization, state the full name of the organization, and the full name of a contact person. Please enter the contact person's information in the following format: Last name, first name, title. This is required information if the applicant is a corporation.

MAILING ADDRESS FOR APPLICANT:

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

EMAIL ADDRESS TO BE SHOWN ON LIST - LIST ONLY ONE:

WEBSITE ADDRESS TO BE SHOWN ON LIST – LIST ONLY ONE:

PHONE NUMBER TO BE SHOWN ON LIST – LIST ONLY ONE:

FAX NUMBER TO BE SHOWN ON LIST, IF ANY – LIST ONLY ONE:

GEOGRAPHIC AREAS SERVED:

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:

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 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

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.

SIGNATURE:

DATE OF SIGNATURE: