

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

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

**HOW TO APPLY**

OAH issues an Attorney list and a separate Advocate list two times per year: August and January. The August list is called the “Summer” list and the January list is called the “Winter” list.

**SUMMER LIST**

The Summer lists are completely new lists. To be included on the Summer list each attorney, organization, or advocate must submit an application between July 1 and July 30 of each year. The application must be complete. Unsigned applications, incomplete applications, or applications with responses such as “same as before” or “no change” will not be accepted.

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

## **WINTER LIST**

The Winter list is an updated list. If you or your organization are on the Summer list, and you have no changes to make to the listing as it is on the Summer list, then no additional application is required. If, however, you wish to be added to the list, or to make changes to the listing as it appears on the Summer list, then you will need to submit a complete application between December 1 and December 15 for changes to be included in the Winter list issued the following January. Incomplete applications will not be accepted. Please see the above requirements for a "complete" application under the Summer List.

## **GENERAL INFORMATION**

OAH will include on the list all persons and organizations that provide a timely, 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](mailto:OAHSEOPs@dgs.ca.gov).

# 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 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 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):

### **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 LIST** (list only one):

**COMPLETE 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.

**PRINT NAME AND TITLE, IF ANY:**

**DATE OF SIGNATURE:**