

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

INFORMATION SHEET FOR OPTIONAL FORM: REQUEST TO CONTINUE HEARING DATES

GENERAL INFORMATION

This form may be used when one party wishes to change the prehearing conference date, the hearing dates, or both the prehearing conference dates and the hearing dates. This form is not required. The party requesting the change in dates may submit their request in the form of a letter or a motion instead of using this form, as long as the required information is provided.

If you are not represented by an attorney, you may contact the case manager listed on the Scheduling Order for assistance with this form.

Hearings are only continued "on a showing of good cause." This means you must state the reasons you are asking for a continuance. Please indicate the reasons for your request in the section provided below.

A signature under penalty of perjury is required on every request and all parties must be served with a copy of any request to continue. A Statement of Service is at the end of this form.

The timeline by which a decision in a case must be issued is set according to federal mandates. If a continuance request is granted the time in which a decision must be issued will be extended. A request to change the due process hearing dates is an agreement to extend the timeline to issue a decision.

DATES AND TIMES FOR HEARINGS

The hearings shall begin at 9:30 a.m. the first day of the hearing and at 9:00 a.m. on all other hearing days unless otherwise ordered. A request for new hearing dates shall identify three consecutive days for hearing beginning on a Tuesday. All hearings shall continue day to day, Monday through Thursday, as needed at the discretion of the Administrative Law Judge.

DATES AND TIMES FOR PREHEARING CONFERENCES

You must also select a date and time for a prehearing conference on a Monday or Friday within 6 to 10 business days before the first day of hearing you selected. Prehearing conferences are held at 10:00 a.m., 1:00 p.m., or 3:00 p.m., except that prehearing conferences on the first Monday of each month are only held at 1:00 p.m. and 3:00 p.m.

Whether you use this form, a letter, or your own motion, the request for a continuance must be made in writing and sent to the Office of Administrative Hearings, also referred to as "OAH." It may be sent either through the U.S. mail or by email using the Secure e-File Transmission system, which is referred to as "SFT." The [SFT Information, including the link](#), may be found on OAH's website at <https://www.dgs.ca.gov/OAH/Services/Page-Content/Office-of-Administrative-Hearings-Services-List-Folder/OAH-Secure-e-File-Information>.

ADDITIONAL INFORMATION

Please see the Self-Help Tab on OAH's website under the heading "[Motion to Continue a Mediation, Prehearing Conference or Hearing Dates](#)" at <https://www.dgs.ca.gov/OAH/Case-Types/Special-Education/Self-Help/Motions>.

Recommended: OAH provides a Scheduling Guide on the OAH website, as well as a list of holidays and other dates on which OAH is not available. Please see the [Special Education Hearing and Mediation Calendar](https://www.dgs.ca.gov/OAH/Case-Types/Special-Education/Calendar) page on OAH’s website at <https://www.dgs.ca.gov/OAH/Case-Types/Special-Education/Calendar> to access information.

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REQUEST TO CONTINUE HEARING DATES

CASE INFORMATION:

STUDENT'S FIRST AND LAST NAME:

CASE NUMBER:

PARTY REQUESTING THIS CONTINUANCE:

REQUESTED CONSECUTIVE HEARING DATES:

TUESDAY:

WEDNESDAY:

THURSDAY:

REQUESTED PREHEARING CONFERENCE DATE AND TIME:

IN THE SPACE BELOW PLEASE PROVIDE THE REQUESTED PREHEARING CONFERENCE DATE AND TIME:

EXPLANATION FOR WHY A CONTINUANCE IS REQUESTED. ADDITIONAL SHEETS MAY BE USED IF NEEDED.

SIGNATURE OF PARTY REQUESTING A CONTINUANCE OF THE DUE PROCESS HEARING

By typing your name below you are agreeing that you are electronically signing this document. Please provide your name, title and the date on which this document is signed. If you are signing on behalf of a client, a school district, local education agency, or other public agency, please provide your title.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME (ELECTRONIC SIGNATURE):

TITLE:

DATE:

STATEMENT OF SERVICE

GENERAL INSTRUCTIONS

When you send or deliver a document to OAH as part of a case, federal and state laws require you to send or deliver a copy of documents to all of the parties in that case at the same time. This is called “serving” the other party. For example, if a School District sends a document to OAH, the School District must also send a copy of that same document to the parents or their representative.

To prove that you followed these laws and served the other parties in a case, you need to complete a Statement of Service. A Statement of Service is also called a “Proof of Service.”

Fill in the space indicated below to complete the Statement of Service.

DOCUMENTS THIS STATEMENT OF SERVICE IS FOR:

I have provided a copy of the document described above to all the named parties and to the Office of Administrative Hearings by:

First Class Mail to the person or agency named below at the address listed below.

Please include the date the document was mailed to that person or agency.

Facsimile transmission, also referred to as a fax, or email to the person or agency named below at the fax number or email address listed below. Please include the date the document was faxed or emailed to that person or agency.

Messenger or overnight delivery such as UPS, FedEx, or other courier service to the person or agency named below using the service identified below. I have also attached a copy of the receipt.

Personal delivery to the person or agency listed below at the address shown below. I have included the name of the person who made the delivery and the date and time of the delivery.

SIGNATURE OF PERSON COMPLETING THIS STATEMENT

PRINT THE NAME OF THE PERSON COMPLETING THIS STATEMENT OF SERVICE

The person completing this form must sign and date in the space below.

BY TYPING THEIR NAME THE PERSON COMPLETING THIS STATEMENT IS AGREEING THAT THEY ARE ELECTRONICALLY SIGNING THIS FORM.

DATE: