

**Office of Administrative Hearings**  
**DEPARTMENT OF REHABILITATION**  
**Waiver of Time**

Return to:

**The Office of Administrative Hearings**  
1515 Clay Street, Suite 206  
Oakland, CA 94612  
Fax: 510-622-2722  
Email: oakfilings@dgs.ca.gov

\_\_\_\_\_  
Appellant's Printed Name

\_\_\_\_\_  
OAH No.

**Waiver of Time Set by Law for  
Fair Hearing**

- I waive my right to have a mediation within 25 days of the date my written request is received by the Hearing Office (Cal. Code Regs, tit. 9 § 7353.6 (b)).
- I waive my right to have a fair hearing within 60 days of the date my written request is received by the department (Welf. & Inst. Code § 19704 (c)).
- I do not waive my right to have the hearing officer render a decision within 30 working days of the submission of the case for decision (Welf. & Inst. Code, § 19705, subd. (d)(3)(c)).

\_\_\_\_\_  
**Signature:** Appellant or  
Authorized Representative

\_\_\_\_\_  
**Printed Name of Signing Party**

\_\_\_\_\_  
Signature Date