



OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

Applicant's information to be kept confidential unless otherwise required by law

Request for Accommodation by a Person with Disabilities

Applicant Information

Applicant (Name)		
Applicant is a:		
<input type="checkbox"/> Witness <input type="checkbox"/> Party <input type="checkbox"/> Attorney <input type="checkbox"/> Other (Specify):		
Person Submitting Request		
Applicant's Street Address		
Applicant's City	Applicant's State	Applicant's Zip Code
Telephone Number		

Applicant Requests Accommodation (Cal. Code Regs., tit. 1, § 1032) as follows:

Proceedings to be Covered
<input type="checkbox"/> Mediation <input type="checkbox"/> Prehearing Conference <input type="checkbox"/> Settlement Conference
<input type="checkbox"/> Hearing <input type="checkbox"/> Other (Specify)
Date or Dates Needed (Specify)
Impairment Necessitating Accommodation (Specify)
Type or Types of Accommodation Requested (Specify)
Special Requests or Anticipated Problems (Specify)

Complete this form and send it by email, fax or U.S. Mail to the appropriate OAH office listed below.

General Jurisdiction

Sacramento 2349 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833 | Fax: (916) 263-0554 | sacfilings@dgs.ca.gov
 Los Angeles 320 W. Fourth Street, 6th Floor, Suite 630, Los Angeles, CA 90013 | Fax: (916) 376-6324 | laxfilings@dgs.ca.gov
 Oakland 1515 Clay Street, Suite 206, Oakland, CA 94612 | Fax: (510) 622-2743 | Oakfilings@dgs.ca.gov
 San Diego 1350 Front Street, Room 3005, San Diego, CA 92101 | Fax: (619) 525-4419 | sanfilings@dgs.ca.gov

Special Education

Sacramento 2349 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833 | Attn: Calendar Clerk | Fax (916) 376-6349 | SEfilings@dgs.ca.gov