



**STATE OF CALIFORNIA**  
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<b>STATE AGENCY REQUEST TO SET</b> (Cal. Code Regs., tit. 1, § 1018) (rev 9/12)		
DATE:	FROM:	
CASE TITLE		OAH CASE NO.
NAME OF AGENCY		AGENCY CASE NO.
AGENCY ATTORNEY/REPRESENTATIVE Name, Address, Telephone, E-mail & Fax Nos.	RESPONDENT/APPELLANT/PETITIONER Name, Address, Telephone, E-mail & Fax Nos.  Preferred Method of Service: [ ]Email [ ]Fax [ ]U.S. Mail	RESPONDENT/ATTORNEY/REPRESENTATIVE Name, Address, Telephone, E-mail & Fax Nos.  Preferred Method of Service: [ ]Email [ ]Fax [ ]U.S. Mail
<input type="checkbox"/> ACCUSATION <input type="checkbox"/> STATEMENT OF ISSUES <input type="checkbox"/> OTHER INITIAL PLEADINGS (Attach Accusation, SOI, or other pleading)		
<b>IF PLEADINGS ARE NOT ATTACHED A HEARING MAY NOT BE SET</b>		
STATUTORY TIME LIMIT <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE LEGAL AUTHORITY (Code & Section No.)	IF YES, DATE BY WHICH CASE MUST BE HEARD (MONTH/DAY/YEAR) / /
TIME ESTIMATE FOR HEARING HOURS                  DAYS	HEARING LOCATION	
DATES PREFERRED (ALL PARTIES)	DATES COORDINATED WITH ALL PARTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>If no, attach Form 21.1 (Statement of Agency's Reasonable Efforts to Confer). Failure to coordinate dates or provide an explanation may result in a delay in processing your request and/or assignment of hearing dates without the input of the parties.</b>	DATES UNAVAILABLE FOR AT LEAST 6 MONTHS (ALL PARTIES)
ADDITIONAL COMMENTS AND/OR INSTRUCTIONS WHICH WOULD AFFECT CALENDARING, REQUEST FOR ACCOMMODATION, SECURITY, ETC., ANY LISTED RESPONDENTS WHO DID NOT FILE A NOTICE OF DEFENSE?		
<input type="checkbox"/> ELECTRONIC RECORDING BY CONSENT (Gov. Code, § 11512, subd. (d)) (attach copy of written consent) <input type="checkbox"/> OAH TO REQUEST COURT REPORTER <input type="checkbox"/> AGENCY TO PROVIDE COURT REPORTER <b>(If no selection is made a Court Reporter will be ordered and the agency will be charged.)</b>		

**NOTICE: This is not a reservation of dates. Completion of this form does not guarantee that you will receive the hearing dates requested. Dates are subject to availability at the time a Request to Set or other calendar request is processed by OAH.**  
For more information visit [www.dgs.ca.gov/oah](http://www.dgs.ca.gov/oah)



# STATEMENT OF AGENCY'S REASONABLE EFFORTS TO CONFER RE: HEARING DATES

**Cal. Code Regs., tit. 1, § 1018**

**Instructions:** This form is to be filed with every Request to Set form where the agency or counsel has been unable to meet and confer with all parties regarding available and unavailable dates for hearing. Detail efforts to meet and confer with each party. Attach additional sheets if necessary.

<b>CASE INFORMATION</b>		
CASE NAME		OAH NO. (If known)
AGENCY	Agency Case No.	(To be completed by OAH) Date RTS Received by OAH
<b>STATEMENT OF EFFORTS TO CONFER</b>		
I have made the efforts detailed below to meet and confer with the following parties or their representatives before submitting a Request to Set form to OAH:		
<b>PARTY NAME:</b>	<b>PARTY REPRESENTATIVE:</b>	
<b>EFFORTS TO MEET AND CONFER:</b>		
<b>PARTY NAME:</b>	<b>PARTY REPRESENTATIVE:</b>	
<b>EFFORTS TO MEET AND CONFER:</b>		

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_