



OAH 21E

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REGIONAL CENTER REQUEST TO SET LANTERMAN FAIR HEARING / MEDIATION
(Cal. Code Regs., tit. 1, § 1018)
DATE: FROM:
CLAIMANT NAME OAH CASE NO.
NAME OF REGIONAL CENTER AID PAID PENDING
REGIONAL CENTER ATTORNEY/REPRESENTATIVE CLAIMANT CLAIMANT AUTHORIZED REPRESENTATIVE /ATTORNEY
Name, Address, Telephone, E-mail & Fax Name, Address, Telephone, E-mail & Fax Name, Address, Telephone, E-mail & Fax.
Preferred Method of Service: Preferred Method of Service: Preferred Method of Service:
[ ]Email [ ]Fax [ ]U.S. Mail [ ]Email [ ]Fax [ ]U.S. Mail [ ]Email [ ]Fax [ ]U.S. Mail
PLEASE LIST EACH PARTY SEPARATELY - USE ADDITIONAL SHEETS IF NECESSARY
HEARING ONLY HEARING AND MEDIATION
DATE FAIR HEARING REQUEST RECEIVED BY REGIONAL CENTER MEDIATION:
ACCEPTED DENIED
TIME ESTIMATE FOR HEARING TIME ESTIMATE FOR MEDIATION INTERPRETER NEEDED?
HOURS DAYS HOURS DAYS LANGUAGE:
DATES PREFERRED (ALL PARTIES) DATES UNAVAILABLE FOR NEXT 90 DAYS HEARING LOCATION
(DATES COORDINATED WITH ALL PARTIES?)
YES NO
ADDITIONAL COMMENTS AND/OR INSTRUCTIONS WHICH WOULD AFFECT CALENDARING, REQUEST FOR ACCOMMODATION, ETC.
COMPLETED BY: DATE COMPLETED: DATE TO OAH:

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