

**OFFICE OF ADMINISTRATIVE HEARINGS (OAH)  
STATE OF CALIFORNIA**

**REQUEST FOR POSTPONEMENT OF HEARING AND WAIVER OF TIME  
Department of Rehabilitation (DOR) Cases Only**

**INTRODUCTION:** After receiving a request for mediation and/or hearing in a DOR case, OAH issues a notice of hearing which sets the dates for the mediation and/or hearing.

**This form may be used to ask for a postponement of the mediation and/or hearing. You should provide documents to support your request (such as a doctor's note, copies of travel documents, etc.) if you have them. Failure to provide all information may result in delay in processing your request. If the appellant or appellant's authorized representative requests the postponement, the waiver of time section must be completed and signed. Failure to complete and sign waiver of time may result in the delay or denial of your request.**

Please fax or email completed form and all supporting documents to the appropriate jurisdiction:

Sacramento:	Fax: 916-376-6318	Email: sacddsor@dgs.ca.gov
Oakland:	Fax: 916-376-6323	Email: oakfilings@dgs.ca.gov
Los Angeles:	Fax: 916-376-6324	Email: laxfilings@dgs.ca.gov
San Diego:	Fax: 916-376-6325	Email: sanfilings@dgs.ca.gov

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

This postponement is being requested by:

- Appellant \_\_\_\_\_  
Phone number (required) \_\_\_\_\_
- Department \_\_\_\_\_  
Phone number (required) \_\_\_\_\_
- Appellant's Representative [print name] \_\_\_\_\_  
Phone number (required) \_\_\_\_\_

REQUEST FOR POSTPONEMENT OF MEDIATION DATE

Current Mediation Date: \_\_\_\_\_

Preferred Mediation Dates and Times: \_\_\_\_\_

Unavailable Mediation Dates and Times: \_\_\_\_\_

- Please cancel the mediation without resetting.

REQUEST FOR POSTPONEMENT OF HEARING DATE

Current Hearing Date: \_\_\_\_\_

Preferred Hearing Dates: \_\_\_\_\_

Unavailable Hearing Dates: \_\_\_\_\_

PLEASE EXPLAIN THE NEED FOR A POSTPONEMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Reason for postponement request is explained on the attached letter.
- I have attached other documents to support this postponement Request
- I have attached Appellant Waiver of Time

I personally spoke with (other party to case):

- Appellant
- Appellant's Authorized Representative [print name and phone no.] \_\_\_\_\_  
\_\_\_\_\_
- DOR Representative

and that person

- has agreed to a postponement of the hearing and/or mediation
- has opposed a postponement of the hearing and/or mediation.

I have given a copy of this completed form to all parties and OAH.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT.

\_\_\_\_\_  
(Signature of Appellant or Authorized Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Department Representative)

\_\_\_\_\_  
Date

**WAIVER OF TIME SET BY LAW FOR DEPARTMENT OF REHABILITATION  
FAIR HEARING AND DECISION**

(To be completed by Appellant or Appellant’s authorized representative agreeing to a postponement)

I waive my right to have a fair hearing within 60 days of the date the Department of Rehabilitation Legal Affairs Unit received by fair hearing request (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 (d)(3)(c)).

**Check one:**

Appellant

Appellant’s Authorized Representative

Date: \_\_\_\_\_

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

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