

Office of Administrative Hearings
DEPARTMENT OF REHABILITATION
Waiver of Time

Return to:

The Office of Administrative Hearings
320 West 4th Street, Suite 630
Los Angeles, CA 90013
Fax: 916-376-6324
Email: laxfilings@dgs.ca.gov

Appellant's Printed Name

OAH No.

**Waiver of Time Set by Law for
Mediation and 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