



OFFICE OF ADMINISTRATIVE HEARINGS

State of California
Department of General Services

SERVICE AGENCY MEDIATION RESPONSE FORM

OAH-26 (10/07)

TDD/TYY 800-735-2929

DATE:

TO: DDS Calendar Clerk
Office of Administrative Hearings
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833
Fax: (916) 263-0554
Phone: (916) 263-0550

FROM:

MEDIATION REQUEST BY:

Client(s) Name: _____

OAH Case No.: _____

This service agency:

- Accepts
 Does Not Accept

the voluntary mediation requested by this client.

Please note the following:

- Service Agency's availability for mediation:

 Additional Information:

