

NOTIFICATION OF RESOLUTION

Name of Person for Whom Hearing was Requested (Appellant)	OAH Case Number:
Address:	Telephone Number:
Name of Authorized Representative:	Telephone Number:
Address:	

The above referenced matter has been satisfactorily resolved through the following process:
(Please check the appropriate box):

- Informal meeting with the Department Counselor
- Mediation
- Other (Please explain below):

Signature of Claimant
Or Authorized Representative_____

Signature of Representative
For Department of Rehabilitation_____

INSTRUCTIONS

1. You, or your authorized representative, may decide at any time during the mediation or fair hearing process that you no longer wish to have a mediation and/or fair hearing.
2. If the issue, or issues, identified in your request for a fair hearing are satisfactorily resolved, through an informal meeting or by other means, complete and submit this form to the Office of Administrative Hearings to cancel the mediation and/or fair hearing. If the issue or issues are resolved through mediation, complete and submit this form to the mediator.
3. The decision of the Department of Rehabilitation, or the final resolution agreed to during the mediation, as appropriate, will go into effect _____ days after receipt by the Department of Rehabilitation, or mediator of this Notification of Resolution.

Distribution: Office of Administrative Hearings

Department of Rehabilitation

Appellant