



OFFICE OF ADMINISTRATIVE HEARINGS

STATE OF CALIFORNIA

SPECIAL EDUCATION DIVISION

Email completed request to: SEFilings@dgs.ca.gov

Or fax to: (916) 376-6319

Questions? Call: (916) 263-0880

Consent to Electronic Service (E-Service) Agreement

Attention: The Office of Administrative Hearings (OAH) must serve documents by U.S. Mail or fax. In an effort to expedite the service of documents, OAH now allows parties to receive courtesy copies of documents by email. This form is intended to allow parties to authorize service by fax and/or courtesy copies by email. Please complete sections I) through III) below and submit the completed form to OAH. One agreement must be submitted per person.

I). Requestor Information:

Full Name of Person Requesting:

Telephone Number:

II). Method of Service (Select ONE option): The Office of Administrative Hearings will serve your documents according to the option indicated below. Please verify that your fax equipment and/or email service work properly at all times in order to facilitate your selection.

Complete the information for the desired service option selected below. Please provide at least one email address (limit of two) and a mailing address per party to be used in the event there is an issue serving documents via fax or email.

Form with three options: Option #1: Fax + Email, Option #2 U.S. Mail + Email, Option #3 Fax Only. Each option includes fields for Fax Number, Email Address, 2nd Email Address (optional), and Street Address, City, State, Zip.

III). TERMS AND CONDITIONS (Select ONE option):

By signing this form, you acknowledge that you agree to receive documents from OAH according to the option selected above until notified otherwise. In the event that your contact information should change it is **your** responsibility to notify OAH.

I agree to accept service of documents from OAH by the option selected above for **ALL** current and future cases with OAH.

I agree to accept service of documents from OAH by the option selected above for **ONLY** the case number indicated here:

*I no longer wish to participate in electronic service. Please cancel my previous agreement as it pertains to Case No. _____ (leave blank if cancelling for **all** cases).*

By checking this box and typing my name below, I am electronically signing this agreement.

First Name _____ Last Name _____ Date _____