

**See Page 2 for Important Information and Instructions**

Name		SSA# (last 4 digits) XXX - XX -	Rehabilitation Office	
Telephone Number	Check if TTY	Fax Number	E-mail Address	
Residence Address		City	State	Zip Code
Mailing Address, If Different		City	State	Zip Code

Choose only one of the following to resolve the action taken by the above-named office regarding your application for, or receipt of, Rehabilitation Services:

**Mediation Only** - I hereby request mediation of this matter with a qualified, impartial mediator who will assist me and the Department in reaching an agreement.

**Fair Hearing Only** - I hereby request a fair hearing before the Rehabilitation Appeals Board.

**Mediation and Fair Hearing** - I hereby request mediation. In addition, I hereby request a fair hearing before the Rehabilitation Appeals Board.

Note: If mediation is requested, a copy of this form shall be submitted to the DOR Mediation Coordinator, Office of Administrative Hearings (OAH). By requesting mediation and signing this form, I am consenting to the release of information on this form and the sharing of my case record with the DOR Mediation Coordinator, OAH and assigned mediator(s). If mediation and fair hearing are requested, the Rehabilitation Appeals Board shall submit a copy of this form to the DOR Mediation Coordinator, OAH.

What is the reason for your mediation/fair hearing request and why do you think the Department's decision or action should be changed?

What action do you wish to have taken?

I will need the following accommodations (including interpreters or alternate formats) at the mediation/fair hearing:

Signature 	Date Signed
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**PRIVACY STATEMENT** - The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a(e)(3)) require this notice to be provided to individuals when collecting personal information. The information requested on this form, including the Social Security Number, is necessary to properly identify the individual to ensure that the DOR provides services to the correct individual. Failure to provide the information requested may result in delays in services. Department authority: Welfare & Institutions Code Sec. 19005, 19005.1, 19010.

**REQUEST FOR MEDIATION AND/OR FAIR HEARING**

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**Mediation** - Mediation is a voluntary, confidential method of resolving disputes between you and the Department of Rehabilitation. A qualified, impartial mediator can help find solutions that are mutually satisfactory, at no cost to you. If the Department agrees to mediate, mediation will be held within 25 calendar days from receipt of your request, unless you agree to a later date.

**Fair Hearing Before the Rehabilitation Appeals Board** - The Rehabilitation Appeals Board consists of seven private citizens appointed by the Governor, to gather facts in rehabilitation cases and issue a final decision. Application for a hearing must be filed within 30 days of receipt of the Administrative Review Decision, or within one year of the date of a disputed action or inaction.

**Client Assistance Program** - If you need a representative to assist you, the Client Assistance Program may be available. You may call them toll free at 1-800-952-5544 (voice) or 1-866-712-1085 (TTY).

For Fair Hearing, mail to:

Rehabilitation Appeals Board  
c/o Department of Rehabilitation  
P. O. Box 944222  
Sacramento, CA 94244-2220

For Mediation, mail to:

DOR Mediation Coordinator  
Office of Administrative Hearings  
2349 Gateway Oaks Drive, Suite 200  
Sacramento, CA 95833  
(916) 263-0654 (voice)  
TTY users may call 711 and give the California Relay Service (CRS) operator the mediation office phone number. The CRS operator will then connect and relay the call.

OR fax to:

(916) 376-6318 or alternate fax (916) 263-0549  
Attention - DOR Mediation Coordinator