

1 Your Name
2 Your Stree Address
3 Your City, State, and Zip Code
4 Your Telephone Number

5 Authorized Representative for Name of Regional Center Client

6 OFFICE OF ADMINISTRATIVE HEARINGS
7 STATE OF CALIFORNIA

8 In the Matter of:) Case No.: CASE No.
9 Claimants Name,) CLAIMANT'S WITNESS LIST AND
10 Claimant,) EVIDENCE
11 and) Hearing Date:
12 REGIONAL CENTER,) Hearing Time:
13 Service Agency) Hearing Place:
) Administrative Law Judge:
)

14
15 **WITNESS LIST**

- 16 1) Witness Name will testify as to [describe what they will testify about.]
17 2) Witness Name, is being subpoenaed to testify regarding [describe
18 what they will testify about.]

19 **EVIDENCE LIST**

- 20 1) Opening Brief
21 2) Hearing Documentation
22 a. Request for Service dated [Insert Date]
23 b. Denial Letter dated [Insert Date]
24 c. Hearing Request dated [Insert Date]
25 d. Notification of Hearing
3) Information about Program

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- 4) Resumes of Program Staff
- 5) Progress Report from [Insert name of program] dated [Insert Date]
- 6) Progress Report from [Insert name of program] dated [Insert Date]
- 7) Psychological Evaluation by [Insert Name of Assessor] dated [Insert Date]
- 8) IPP dated [Insert Date]
- 9) Declaration of [Insert Name] dated [Insert Date]
- 10) Citations for Judicial Notice
 - a. Section 4512
 - b. Section 4620
 - c. Section 4646
 - d. Section 4646.5
 - e. Section 4647
 - f. Section 4648
 - g. Title 17 CCR §54334(b)