

Appendix C: Sample Claimant's Witnesses and Evidence List

Your Name
Your Street Address
Your City, State, and Zip Code
Your Telephone Number

Authorized Representative for [Name of Regional Center Client]

OFFICE OF ADMINISTRATIVE HEARINGS

STATE OF CALIFORNIA

In the Matter of:

Claimants Name,

Claimant,

and

REGIONAL CENTER,

Service Agency

Case No.:

Hearing Date:

Hearing Time:

Hearing Place:

Administrative Law Judge:

CLAIMANT'S WITNESS AND EVIDENCE LIST

WITNESS LIST

- 1) Witness First and Last Name will testify as to [describe what they will testify about, for example claimant's needs.]
- 2) Witness First and Last Name will testify as to [describe what they will testify about, for example family member's needs.]

EVIDENCE LIST

- 1) Denial Letter and Notice of Action (NOA) dated [Insert Date]
- 2) Fair Hearing Request Form dated [Insert Date]
- 3) Psychological Evaluation or other evaluation that shows the level of functioning and needs.
- 4) IPP dated [Insert Date]
- 5) Declaration of [Insert First and Last Name] dated [Insert Date]

Other Relevant Documents:
Sections of the Lanterman Act