## Appendix E: Sample Form to Withdraw Hearing (Notification of Resolution Form DS1804)

https://www.dds.ca.gov/Forms/FairHearing/DS1804.pdf

OTIFICATION OF RESOLUTION S 1804 (Rev. 1/2007)	
Name of Person for Whom Hearing was Requested (Claimant):	OAH Case Number:
Address:	Daytime Telephone Number:
Name of Authorized Representative:	Relationship to Claimant:
Address:	Daytime Telephone Number
Name of Regional Center or State Developmental Center:	
The above referenced matter has been satisfactorily resolved through the foll	lowing process: (Please check the appropriate box)
☐ Informal meeting with the regional center or state developmental or	enter director or his/her designee.
☐ Mediation	
Other (Please explain below):	
Signature of Claimant	Date
or Authorized Representative 🌣	Date
Signature of Regional Center or Developmental Center Representative 🖎	Date
TO BE COMPLETED BY REGIONAL CENTER OR DEVELOPMEN	TAL CENTER STAFF WHEN UNABLE TO
TO BE COMPLETED BY REGIONAL CENTER OR DEVELOPMEN OBTAIN THE SIGNATURE OF THE CLAIMANT OR AUTHORIZED I certify under penalty of perjury that I personally spoke with claimant or clain indicated to me that the issues identified for hearing have been resolved and this form will simultaneously be distributed to claimant and OAH.	REPRESENTATIVE.
TO BE COMPLETED BY REGIONAL CENTER OR DEVELOPMEN OBTAIN THE SIGNATURE OF THE CLAIMANT OR AUTHORIZED I certify under penalty of perjury that I personally spoke with claimant or clain indicated to me that the issues identified for hearing have been resolved and	REPRESENTATIVE. nant's authorized representative and that person I the hearing is no longer necessary. A copy of

## INSTRUCTIONS

- You, or your authorized representative, may decide at any time during the fair hearing process that you no longer 1. wish to have a fair hearing.
- If the issue, or issues, identified in your request for a fair hearing are satisfactorily resolved, through an informal meeting or by other means, you must complete and submit this form to the regional center or state developmental center to cancel the fair hearing. If the issue or issues are resolved through mediation, you must complete and submit 2. this form to the mediator.
- The decision of the regional center or state developmental center, or the final resolution agreed to during mediation, as appropriate, will go into effect 10 days after receipt by the regional center, state developmental center, or mediator of this Notification of Resolution. 3.

Distribution:

Office of Administrative Hearing Claimant

Regional Center/State Developmental Center Department of Developmental Services