

**NOTIFICATION OF RESOLUTION
DS 1804 (Rev. 1/2007)**

Name of Person for Whom Hearing was Requested (<i>Claimant</i>):	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 following process: *(Please check the appropriate box):*

Informal meeting with the regional center or state developmental center director or his/her designee.

Mediation

Other *(Please explain below):*

Signature of Claimant
or Authorized Representative  _____ Date _____

Signature of Regional Center
or Developmental Center Representative  _____ Date _____

TO BE COMPLETED BY REGIONAL CENTER OR DEVELOPMENTAL CENTER STAFF WHEN UNABLE TO OBTAIN THE SIGNATURE OF THE CLAIMANT OR AUTHORIZED REPRESENTATIVE.

I certify under penalty of perjury that I personally spoke with claimant or claimant’s authorized representative and that person indicated to me that the issues identified for hearing have been resolved and the hearing is no longer necessary. A copy of this form will simultaneously be distributed to claimant and OAH.

Printed Name of Regional Center
or Developmental Center Representative ► _____ Date _____

Signature of Regional Center
or Developmental Center Representative  _____ Date _____

INSTRUCTIONS

1. You, or your authorized representative, may decide at any time during the fair hearing process that you no longer wish to have a fair hearing.
2. 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 this form to the mediator.
3. 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.

Distribution: Office of Administrative Hearing Regional Center/State Developmental Center Department of Developmental Services
 Claimant