**NOTIFICATION OF RESOLUTION (NOR)**

**DS 1822** (Rev. March 2023)

 **\***Required Fields

**\*** What is the DDS Tracking Number?

**\***Is there an existing OAH Case Number? [ ]  Yes [ ]   No

If yes, what is the OAH Case number?

**Name of Person this Appeal was for:**

**\***First Name: **\***Last Name: **\***Date of Birth:

 Click or tap to enter a date.

What regional center is providing this NOR? Unique Client Identifier (UCI), if any

Choose an item.

**Name of Authorized Representative** (if applicable)**:**

First Name: Last Name: Relationship to Claimant:

 Choose an item.

**\***The appeal request has been withdrawn through the following process:

 (Please check the appropriate box)

|  |  |
| --- | --- |
| [ ]   Resolved before Informal Meeting | Date of Resolution: Click or tap to enter a date. |
| [ ]   Resolved at Informal Meeting | Date of Resolution:Click or tap to enter a date. |
| [ ]   Resolved at Mediation | Date of Resolution:Click or tap to enter a date. |
| [ ]   Withdrawn without Resolution | Date of Resolution:Click or tap to enter a date. |

**Summarize the resolution, or why the appeal was withdrawn without resolution:**

**By my signature below I certify that the information on this form is true.**

Person who appealed, or Authorized Representative Signature: Date:

 Click or tap to enter a date.

Regional Center or State Operated Facility Signature: Date:

 Click or tap to enter a date.

You must sign and date in the space above. This may be signed in ink or electronically.  By typing your name, you are agreeing that you have electronically signed this form.

**TO BE COMPLETED BY REGIONAL CENTER OR STATE-OPERATED FACILITY STAFF WHEN UNABLE TO OBTAIN THE SIGNATURE OF THE PERSON WHO APPEALED OR THEIR AUTHORIZED REPRESENTATIVE.**

I certify under penalty of perjury that I personally spoke with the person who appealed, or their authorized representative, and that person indicated to me that the issues identified for appeal have been resolved and the appeal no longer is necessary. A copy of this form will simultaneously be distributed to the Department, the person who appealed or their authorized representative, and the Office of Administrative Hearings.

Regional Center or State-Operated Facility Signature: Date:

 Click or tap to enter a date.

You must sign and date in the space above. This may be signed in ink or electronically.  By typing your name, you are agreeing that you have electronically signed this form.

[ ]   Administratively Closed (Must Explain)