

Appeal Request Change Form

DS 1823 (Rev. 04/2023)

APPEAL REQUEST CHANGE FORM

Appeal Information

DDS System Tracking Number:

OAH Case Number (if applicable):

Name of Person Appeal is for (Claimant):

Email address (If Video is requested):

Regional Center:

The appeals process has three parts. **Select the part(s) you want to add to your appeal below.** If you already used one part of the process, you may not request it again. **Note:** If you select video below, you must supply an email address.

<input type="checkbox"/> Informal meeting	<p>You meet with the regional center director or someone they choose. You and the regional center will try to resolve your appeal.</p> <p>I want my informal meeting to be: <input type="checkbox"/> In person; <input type="checkbox"/> by video; and/or <input type="checkbox"/> by telephone</p>
<input type="checkbox"/> Mediation	<p>You and the regional center meet with a mediator. The mediator is an impartial person. The mediator helps you and the regional center make an agreement about your appeal.</p> <p>I want my mediation to be: <input type="checkbox"/> In person; <input type="checkbox"/> by video; and/or <input type="checkbox"/> by telephone</p>
<input type="checkbox"/> Hearing	<p>Your hearing is with a Hearing Officer. The Hearing Officer listens to information from you and the regional center. The Hearing Officer helps you bring out your facts. The Hearing Officer makes the hearing fair and informal. The Hearing Officer then makes a decision about your appeal.</p> <p>I want my hearing to be: <input type="checkbox"/> In person; <input type="checkbox"/> by video; and/or <input type="checkbox"/> by telephone</p>

Signature of Person Appeal is for, Parent of minor child, Authorized Representative, Conservator, Guardian, or Attorney:

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.

Confidential Client Information, California Welfare and Institutions Code Sections 4514 and 5328, Health Insurance Portability and Accountability Act