State of California – Health and Human Services Agency

Final Hearing Decision Reconsideration Request

DS 1824 (Rev. 04/2023)

FINAL HEARING DECISION RECONSIDERATION REQUEST

After the hearing, you or the regional center may request "reconsideration." Reconsideration is a way to correct a clerical error or correct a mistake of fact or law in a hearing decision. This also may include reconsideration of a denied request to disqualify a Hearing Officer. These are the only factors a reconsideration can address. You must ask for a reconsideration within 15 days of receiving the hearing decision.

You must also send a copy of this request to everyone who signed and/or got a copy of the final hearing decision. The other party may file a written statement supporting or opposing the application. Reconsideration is not required before going to court.

RECONSIDERATION INFORMATION

DDS System Tracking Number:	
OAH Case Number:	
Name of the Person the Final Decision was for (Claimant):	
Regional Center:	
Date of the Final Hearing Decision:	
GROUNDS FOR RECONSIDERATION INFORMATION	
State the specific grounds for which the reconsideration is being requested (Check all that apply)	
☐ Correction of a mistake of fact or law	On what page and line did the mistake occur, and what is the correction needed?
☐ A Clerical error in the decision	On what page and line did the mistake occur, and what is the correction needed?
☐ The decision of the hearing officer not to disqualify themself	 Did you ask the hearing officer to disqualify themselves at or before the hearing? Yes No If yes, why was the hearing officer unable to be fair and impartial?
Requestor's Signature:	Date:
\Box Claimant, Parent of minor child, Authorized Representative, Conservator, Guardian, or Attorney \Box Regional Center	

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.