

Appeal Request Change Form

DS 1823 (Rev. 05/2024)

APPEAL REQUEST CHANGE FORM

DDS Tracking Number:

OAH Case Number:

Name of Person Appeal is for (Claimant):

Email address (If Video is requested):

Regional Center:

The appeal process has three parts. Use this form to change which parts you would like to use. If you already used one part of the process, you may not request it again.

If you would like to add, cancel, or change a part of the appeal process, please select below:

<input type="checkbox"/> Informal meeting <input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change	You meet with the regional center director or someone they choose. You and the regional center will try to resolve your appeal. I want my informal meeting to be: <input type="checkbox"/> In person; <input type="checkbox"/> by video; and/or <input type="checkbox"/> by telephone
<input type="checkbox"/> Mediation <input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change	You and the regional center meet with a mediator. The mediator is a neutral person, from a different state department. The mediator helps you and the regional center make an agreement about your appeal. I want my mediation to be: <input type="checkbox"/> In person; <input type="checkbox"/> by video; and/or <input type="checkbox"/> by telephone
<input type="checkbox"/> Hearing <input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change	Your hearing is with a Hearing Officer. The Hearing Officer is a neutral person, from a different state department. The Hearing Officer listens to facts about the appeal. I want my hearing to be: <input type="checkbox"/> In person; <input type="checkbox"/> by video; and/or <input type="checkbox"/> by telephone

Explain your changes (if needed):**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**