

## Final Hearing Decision Reconsideration Request

DS 1824 (Rev. 09/2023)

### WHAT IS RECONSIDERATION?

---

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.

### HOW TO REQUEST RECONSIDERATION:

---

**You must ask for a reconsideration within 15 days of the date of the final hearing decision.**

You must send a copy of this request to the other party in the appeal (the regional center or the consumer), and the office that issued the final decision.

If you received your final decision from the Office of Administrative Hearings (OAH), return this form to OAH through the [Secure e-File Transfer system](#), or via fax at:

- Sacramento: (916) 263-0550
- Los Angeles: (213) 576-7200
- Oakland: (510) 622-2722
- San Diego: (619) 525-4475

If you received your final decision from the Department of Developmental Services (DDS), return this form to DDS:

- by email to [DecisionReconsideration@dds.ca.gov](mailto:DecisionReconsideration@dds.ca.gov)
- by mail to 1215 O Street MS 8-20, Sacramento, CA 95814
- by fax to 916-654-3641

### WHERE TO GET HELP

---

Your service coordinator or other regional center staff, if you ask them.

- Your clients' rights advocate (CRA) at:
  - (800) 390-7032 for Northern California, or
  - (866) 833-6712 for Southern California, or
  - [Find the clients' rights advocate at your regional center here.](#)
- The Ombudsperson Offices at (877) 658-9731 or [ombudsperson@dds.ca.gov](mailto:ombudsperson@dds.ca.gov), or [online here](#).
  - If you are in the Self-Determination Program, please email [sdp.ombudsperson@dds.ca.gov](mailto:sdp.ombudsperson@dds.ca.gov) or [online](#) instead.
- The State Council on Developmental Disabilities (SCDD). To find your local SCDD office, select “Regional Offices” at the top of this webpage: [www.scdd.ca.gov](http://www.scdd.ca.gov) and then choose your area. You also can reach them at (833) 818-9886.
- Disability Rights California (DRC) at:
  - 1-800-776-5746
  - 1-800-719-5798 for TTY call
  - They are available Monday, Tuesday, Thursday, and Friday from 9:00AM – 3:00PM
  - You also can complete [DRC's online intake form](#).
- You also may get help from a Family Resource Center: <https://frcnca.org/get-connected/>.
- Your regional center may help you find a local parent support group or community-based organization that can help you.

**RECONSIDERATION INFORMATION:**

\*Required Fields

DDS System Tracking Number:

\*OAH Case Number:

\*Name of the Person the Final Decision was for (Consumer):

\*Regional Center:

\*Date of the Final Hearing Decision:

\*State the specific grounds for which the reconsideration is being requested  
(Check all that apply):

<input type="checkbox"/> Correction of a mistake of fact or law	1. On what page and line did the mistake occur, and what is the correction needed?
<input type="checkbox"/> A Clerical error in the decision	1. On what page and line did the mistake occur, and what is the correction needed?

<input type="checkbox"/> The decision of the hearing officer not to disqualify themself	<p>1. Did you ask the hearing officer to disqualify themselves at or before the hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If yes, why was the hearing officer unable to be fair and impartial?</p>
---	--

**\*Signature:**

**\*Printed Name:**

**\*Date Signed:**

- Claimant, Parent of minor child, Authorized Representative, Conservator, Guardian, or Attorney
- 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.**