STATE OF CALIFORNIA DEPARTMENT OF REHABILITATION

AUTHORIZED REPRESENTATIVE

DR 108 (Rev. 08/12)

Please print or type.

Consumer Name

Mailing Address Email Address

City State Zip Code

I request that the individual named below act on my behalf in the mediation and/or fair hearing process.

I authorize the Department of Rehabilitation to release information related to the mediation and/or fair hearing process to this authorized representative.

Consumer Signature Date Signed

Print or type the information on the individual you want to act on your behalf.

Authorized Representative's Name

Mailing Address

City State Zip Code

Area Code and Phone Number Email Address

Mail to: Mediation/Fair Hearing Office
c/o Department of Rehabilitation
Legal Affairs
P. O. Box 944222
Sacramento, CA 94244-2220

Or fax to: (916) 558-5861

Or email to: Appealsinfo@dor.ca.gov