

**REQUEST FOR CONSOLIDATION OF APPEALS PROCEEDINGS**

**Appellant (Facility Administrator or other facility representative identified on REQUEST FOR ADMINISTRATIVE HEARING) has appealed the penalty assessments identified below (or on attached list) and requests that the appeals be consolidated for hearing because facts, circumstances and issues are similar. (Provide explanation below.)**

<u>OSHPD ID</u>	<u>Facility Name</u>	<u>Report Type</u>	<u>Report Period (MM/DD/YY-MM/DD/YY)</u>	<u>Penalty Letter Date (MM/DD/YY)</u>

I have attached a list. (Please initial in the box)

**Explanation of request for consolidation:**

I have attached an explanation. (Please initial in the box)

Name:

Title:

Please Print

Please Print

Signature:

Date:

\_\_\_\_\_  
Original Signature Required

Send to:

Legal Office, Attn: Hearing Officer  
Office of Statewide Health Planning and Development  
2020 West El Camino Avenue  
Sacramento, CA 95833

HearingOfficer@OSHPD.CA.GOV