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9  
10 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
11 FOR THE COUNTY OF LOS ANGELES  
12

13 ELIZABETH TESLUCK, KATHLEEN NIFFORD,  
14 Individually and on behalf of all  
15 others similarly situated,

16 Plaintiffs,

17 vs

18 DAVID SWOAP, As Director of the  
19 State Department of Benefit Payments  
20 and the former State Department of Social  
21 Welfare, ROBIN DEZEMBER, as the Chief  
22 Referee of the State Department of  
23 Benefit Payments, THE STATE DEPARTMENT  
24 OF BENEFITS PAYMENTS, JAMES JENKINS, as  
25 Secretary of the California Health  
26 and Welfare Agency, WILLIAM MAYER, M.D.,  
27 as Director of the Department of Health

28 Defendants,

29 CLASS ACTION

30 NO. CA 000114

31 STIPULATION FOR  
32 JUDGMENT

33 IT IS HEREBY STIPULATED between the parties hereto, acting  
34 by and through their respective counsel, subject to the approval of  
35 this Court, that judgment shall be entered herein for plaintiffs, on  
36 behalf of themselves and all members of plaintiffs' class, as  
37 follows:

38 Defendants, their employees, agents, representatives, and  
39 successors in office, and each of them, are hereby permanently  
40 enjoined from participating in or performing any and all of the  
41 following acts:

42 1. Discontinuing defendants' former practice of holding  
43 home hearings, upon request, at the residences of welfare claimants,  
44 who by reason of a combination of medical, physical or transporta-

1 tional limitations or other reasons, are unable to attend a fair  
2 hearing at the designated place in the county;

3 2. Holding fair hearings at the designated place in the  
4 county, or by questionnaire, in the absence of plaintiffs, or mem-  
5 bers of plaintiffs' class, where an adequate request for a home  
6 hearing has been made, or deeming such a claimant's failure to  
7 attend said hearings at the designated location as an abandonment  
8 of the appeal; as used herein, an adequate request is one which  
9 demonstrates that the claimant is unable to attend a hearing at the  
10 designated location, due to a combination of medical, physical or  
11 transportational limitations, or other reasons; if the claimant's  
12 initial request is inadequate, and the claimant is sent a Change of  
13 Place of Hearing Form by the Department, the request is deemed  
14 adequate if the form, signed by the claimant or the claimant's  
15 authorized representative, is returned within 15 days of its  
16 receipt thereof by the claimant, and sets forth sufficient reasons  
17 for the request.

18 3. Enforcing, applying, implementing and interpreting  
19 MP, EAS-22-045.1 so as to deny plaintiffs, and members of  
20 plaintiffs' class, the right, upon request, to have a home hearing  
21 or a hearing at a location to which they are able to travel;

22 4. Informing, advising and indicating to plaintiffs, or  
23 members of plaintiffs' class that there is no longer a provision  
24 for a home hearing or otherwise indicating to same that state law  
25 or regulation does not provide for and/or that defendants do not  
26 permit or schedule home hearings.

27 5. Informing or otherwise indicating to plaintiffs or  
28 any member of plaintiffs' class that in place of a requested home  
29 hearing, he or she is required either to have a hearing by  
30 questionnaire or to appear at the designated place in the county;

31 6. Failing or refusing to advise and inform welfare  
32 claimants that, as part of their Fair Hearing rights, the hearing

1 may be held in a location other than the designated location in the  
2 county, if, due to a combination of medical, physical or transpor-  
3 tational limitations or other reasons, they are unable to attend a  
4 hearing at the designated location, and that, if a claimant would  
5 otherwise be unable to attend the hearing, the same will be  
6 scheduled to occur in his or her home upon request; and

7 7. Failing or refusing to send to all persons who have  
8 requested a change of place of hearing and who have not adequately  
9 stated the reasons therefor, a letter substantially identical to the  
10 proposed Change of Place of Hearing Form (4/24/74) attached hereto  
11 and which, in final form, shall contain on its reverse side space  
12 for the claimant to set forth the reason for his or her request by  
13 checking the appropriate box and explaining the basis therefor.

14 Executed on this 23rd day of April, 1974 at Los Angeles,  
15 California.

16  
17 ELENA H. ACKEL, ESQ.  
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19 WILLIAM GORENFELD, ESQ.  
20 Community Legal Assistance Center

21 By: Elena H. Ackel  
22 Attorneys for Plaintiffs

23  
24 EVELLE J. YOUNGER  
25 Attorney General

26 By: Edward M. Belasco  
27 Deputy Attorney General

28 By: Robert D. Tousignant  
29 ROBERT D. TOUSIGNANT  
30 Deputy Attorney General

31 Attorney for Defendants  
32

CHANGE OF PLACE OF HEARING FORM

This is to acknowledge the receipt of your letter requesting a fair hearing to be held in your home.

In your request for a home hearing you failed to state the reason or reasons why you could not attend a hearing if it were held in another location. Among the acceptable reasons for holding a home hearing are: illness, physical disability or transportation difficulties. If you cannot attend a hearing scheduled in a place other than your home for any of these reasons, you should return the attached statement to:

Office of Chief Referee  
Department of Benefit Payments  
744 P Street  
Sacramento, California 95814

In this statement you should explain the reasons for your inability to attend a regularly scheduled hearing and provide verification of these reasons, if possible.

If you wish to proceed with your request for a home hearing, please return the attached statement of reasons and any available verification within 15 days of your receipt of this letter. If we do not hear from you during that time, we will assume that you are able to attend a regularly scheduled hearing, and such a hearing will be set for you. You will receive further notice of the date, time and place of the hearing.

In place of a home hearing, you may choose to conduct a hearing in writing through the use of a fair hearing questionnaire. You should understand that if you elect to proceed in this manner, you are waiving your right to appear personally before a referee of the Department of Benefit Payments. If you wish to proceed with a questionnaire fair hearing, you should complete the enclosed waiver form and return it to the referee listed below within seven (7) days of your receipt of this letter. Thereafter, the county welfare department and the Department of Benefit Payments will jointly prepare a questionnaire which will be sent to you. Complete instructions will accompany the questionnaire.

If someone is going to represent you at your hearing, whether in your home, by questionnaire or otherwise, you must inform the Department in writing of who will be your representative.

If the matter has been resolved, and you decide to withdraw your request for a fair hearing, please complete the enclosed forms.

OFFICE OF THE CHIEF REFEREE  
Department of Benefit Payments

Enclosures

P.S: If you desire a hearing by questionnaire, send your signed waiver form to:

MICHAEL R. SHEAN, Referee  
Department of Benefit Payments  
1800 - 20th Street  
Sacramento, California 95814