

REQUEST FOR PROTECTIVE ORDER

Use this form to ask the hearing officer to protect certain information from public disclosure.

1. CASE INFORMATION

Case Name: _____

File Number: _____

Hearing Date (if known): _____

2. REQUESTING PARTY

Your Name (Requesting Party): _____

Address: _____

Phone: _____

Email: _____

3. WHAT DO YOU WANT PROTECTED?

Check all that apply:

Exhibits (list exhibit numbers): _____

Transcripts

Recordings

Other (describe): _____

4. WHY SHOULD THESE BE PROTECTED?

Check all that apply:

Medical Records

Financial Information

Names of Minors

Crime Victims or Witnesses

Other (describe): _____

5. LEGAL AUTHORITY

A protective order sealing confidential records is authorized by the following laws or regulations:

6. WHY REDACTION WILL NOT WORK

These records cannot be partially redacted and must be sealed because *(describe reasons)*:

7. OPPOSITION

You must check if any other party disagrees with your request, then complete the area below.

No opposition

Opposed by (name): _____

8. SIGNATURE

I certify that the contents of this form are true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Date Signed: _____

Submit a signed copy of the completed form to:

CalRecycle Hearing Office

1001 I Street, MS 25-54, Sacramento, CA 95814

Email: HearingOffice@calrecycle.ca.gov

Your information may be subject to disclosure under the Public Records Act unless protected by law.

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