## COMMISSION ON STATE MANDATES FORM TO REQUEST TO ADOPT A NEW TEST CLAIM DECISION (MANDATE REDETERMINATION)

Authorized by Government Code section 17570

### **GENERAL INSTRUCTIONS**

- O Type All Responses
- O Complete sections 1 through 8, as indicated. Failure to complete any of these sections will result in this request to adopt a new test claim decision being returned as incomplete.
- O Please submit by either of the following methods:
  - <u>E-filing</u>. The requester shall electronically file the completed form and any accompanying documents in pdf format to the e-filing system on the Commission's website (<u>http://www.csm.ca.gov</u>), consistent with the Commission's regulations (CCR, tit.2, §1181.2). The requester is responsible for maintaining the paper documents with original signature(s) for the duration of the redetermination process, including any period of appeal. *No additional copies are required when e-filing the request.*
  - By hard copy. The requester shall file, consistent with the Commission's regulations (CCR, tit. 2, § 1181.2), one original signed hard copy, and seven (7) copies, which shall include a table of contents, be unbound, double-sided, and shall not include tabs to: Commission on State Mandates, 980 Ninth Street, Suite 300, Sacramento, CA 95814

Within 10 days of receipt of a request to adopt a new test claim decision, Commission staff will notify the requester if the request is complete or incomplete. Requests to adopt a new test claim decision will be considered incomplete if any of the required sections are not included or are illegible. If a completed request is not received within 30 calendar days from the date the incomplete request was returned, the executive director may disallow the original request filing date. A new request may be accepted on the same subsequent change in law alleged to modify the state's liability pursuant to article XIII B, section 6(a) of the California Constitution.

#### You may download this form from our website at csm.ca.gov.

#### If you have questions, please contact us:

Website:	www.csm.ca.gov
Telephone:	(916) 323-3562
E-Mail:	csminfo@csm.ca.gov

## 1. TITLE OF REQUEST TO ADOPT A NEW TEST CLAIM DECISION

## 2. REQUESTER INFORMATION

Name of Local Agency, School District, Statewide Assocation of Local Agencies or School Districts, or State Agency

Requester Contact

Title

Organization

Street Address

City, State, Zip Code

**Telephone Number** 

Fax Number

E-Mail Address

### **3. REPRESENTATIVE INFORMATION**

If requester designates another person to act as its sole representative for this request, all correspondence and communications regarding this request shall be forwarded to this representative. Any change in representation must be authorized by the requester in writing, and sent to the Commission on State Mandates. Please complete information below if desginating a representative.

**Representative Name** 

Title

Organization

Street Address

City, State, Zip Code

**Telephone Number** 

Fax Number

For CSM Use Only Filing Date: REQUEST#

# **4. IDENTIFYING INFORMATION**

Please identify the name(s) of the programs, test claim number(s), and the date of adoption of the Statement of Decision, for which you are requesting a new test claim decision, and the subsequent change in law that allegedly changes the state's liability. Regarding the subsequent change in law, please identify all relevant code sections (include statutes, chapters, and bill numbers), regulations (include register number and effective date), executive orders (include effective date), cases, or ballot measures.

Sections 5, 6 and 7 are attached as follows:

- 5. Detailed Analysis: Pages \_\_\_\_\_ to \_\_\_\_\_.
- 6. Declarations: Pages \_\_\_\_\_ to \_\_\_\_.
- 7. Documentation: Pages \_\_\_\_\_ to \_\_\_\_\_

E-Mail Address

Sections 5, 6, and 7 should be answered on separate sheets of plain 8-1/2 x 11 paper. Each sheet should include the name of the request, requestor, section number (i.e., 5, 6, or 7), and a heading at the top of each page.

## **5. DETAILED ANALYSIS**

Under the heading "5. Detailed Analysis," please provide a detailed analysis of how and why the state's liability for mandate reimbursement has been modified pursuant to article XIII B, section 6(a) of the California Constitution based on a "subsequent change in law" as defined in Government Code section 17570. This analysis shall be more than a written narrative or simple statement of the facts at law. It requires the application of the law (Gov. Code, § 17570 (a) and (b)) to the facts (i.e., the alleged subsequent change in law) discussing, for each activity addressed in the prior test claim decision, how and why the state's liability for that activity has been modified. Specific references shall be made to chapters, articles, sections, or page numbers that are alleged to impose or not impose a reimbursable state-mandated program.

Also include all of the following elements:

The actual or estimated amount of the annual statewide changes in the state's liability for mandate reimbursement pursuant to Article XIII B, section 6 (subdivision (a)) on a subsequent change in the law.

A. Identification of all of the following if relevant:

- 1. Dedicated state funds appropriated for the program.
- 2. Dedicated federal funds appropriated for the program.
- 3. Fee authority to offset the costs of the program.
- 4. Federal law.
- 5. Court decisions.
- 6. State or local ballot measures and corresponding date of election.

#### 6. DECLARATIONS

Under the heading "6. Declarations," support the detailed analysis with declarations that:

- A. Declare actual or estimated annual statewide costs that will or will not be incurred to implement the alleged mandate.
- B. Identify all local, state, or federal funds and fee authority that may or may not be used to offset the increased costs that will or will not be incurred by the claimants to implement the alleged mandate or result in a finding of no costs mandated by the state, pursuant to Government Code section 17556.
- C. Describe new activities performed to implement specified provisions of the statute or executive order alleged to impose a reimbursable state-mandated program.
- D. Make specific references to chapters, articles, sections, or page numbers alleged to impose or not impose a reimbursable state-mandated program.
- E. Are signed under penalty of perjury, based on the declarant's personal knowledge, information, or belief, by persons who are authorized and competent to do so.

### 7. DOCUMENTATION

Under heading "7. Documentation," support the detailed analysis with copies of all of the following:

A. Statutes, and administrative or court decisions cited in the detailed analysis.

Statements of Decision and published court decisions from a state mandate determination by the Board of Control or the Commission are exempt from this requirement. When an omnibus bill is pled or cited, the requester shall file only the relevant pages of the statute, including the Legislative Counsel's Digest and the specific statutory changes at issue.

# 8. CERTIFICATION

Read, sign, and date this section and insert at the end of the request for a new test claim decision.\*

This request for a new test claim decision is true and complete to the best of my personal knowledge, information, or belief.

Print or Type Name of Authorized Official

Print or Type Title

Signature of Authorized Official

Date

\*If declarant for this certification is different from the contact identified in section 2 of the form, please provide the declarant's address, telephone number, fax number and e-mail address.