

Samples

Petition for Writ of Mandate

1		YOUR NAME STREET ADDRESS CITY, STATE, ZIP TELEPHONE NUMBER		
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4		YOUR NAME, IN PRO PER		
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6		SUPERIOR COURT OF THE STATE OF CALIFORNIA		
7		FOR THE COUNTY OF SACRAMENTO		
8		YOUR NAME	Case No.	
9		Petitioner,	PETITION FOR WRIT OF	
10		vs.	ADMINISTRATIVE MANDATE	
11		Unemployment Uninsurance	(CCP § 1094.5)	
12		Appeals Board,		
13		Respondent,		
14		NAME OF EMPLOYER		
15		Real Party in Interest		
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18		Petitioner alleges:		
19		1. Respondent Unemployment Insurance Appeals Board (hereinafter, the APPEALS BOARD)		
20		and its employees constitute the Appeals Division of the Employment Development		
21		Department.		
22		2. Real Party in Interest (insert name of employer) (hereinafter EMPLOYER) is, and at all		
23		times herein mentioned was a (state capacity of business, i.e. corporation) organized and		
24		existing under the laws of California with its principal place of business in (insert county of		
25		employer) County, California.		
26		3. Petitioner was employed by EMPLOYER at (insert address of employment), California,		
27		and worked (insert full or part-time) as a (insert title of position) from (insert start date of		
28		employment) to (insert end date of employment) and was paid wages while so employed		
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30		1		
31		PETITION FOR WRIT OF ADMINISTRATIVE MANDATE		

The case number will be assigned when you file the petition in court.

Petition for Writ of Administrative Mandate (page 1)

<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28</p>	<p>sufficient to qualify for him/her for unemployment compensation benefits.</p> <p>4. On (insert end date of employment), petitioner's employment ended with EMPLOYER when (state how employment ended, i.e. employer terminated petitioner's employment).</p> <p>5. Thereafter, petitioner duly filed a claim for unemployment compensation benefits.</p> <p>6. The claim was (insert granted or denied) by an examiner of the California Employment Development Department on (insert date of either denial or grant). (If denied, state the reason given for denial). On (insert date of notice), petitioner received written notice of this determination. A copy of the determination is attached hereto as Exhibit A and made a part hereof.</p> <p>7. Pursuant to the provisions of Section 1328 of the Unemployment Insurance Code, (insert petitioner or employer) duly filed an appeal with an administrative law judge who, by written decision dated (insert date of decision), (insert affirmed or reversed) the examiner's determination. A copy of the decision is attached hereto as Exhibit B and made a part hereof.</p> <p>8. In (insert affirming or reversing) the exam administrative law judge abused his/her discretion (specify the error of the judge, i.e. "concluding that petitioner was discharged for misconduct in connection with his/her work. The conclusion is contrary to the weight of the evidence in that the petitioner committed no misconduct in connection...")</p> <p>9. As authorized by Section 1336 of the Unemployment Insurance Code, (insert petitioner or employer) thereafter duly filed an appeal with the appeals board, which on (insert date of decision), (insert affirmed or reversed) the administrative law judge's decision and notified petitioner accordingly. A copy of the decision is attached hereto as Exhibit C and made a part hereof.</p> <p>10. In (insert affirming or reversing) the decision of the administrative law judge, the appeals board abused its discretion and acted in excess of its jurisdiction by (specify mistake).</p> <p>11. Petitioner has exhausted his/her administrative remedies in that under the provisions of Section 410 of the Unemployment Insurance Code, the decision of the appeals board is final</p>	<div style="border: 1px solid red; padding: 5px; margin-top: 100px;"> <p>The explanation of errors is critical as the court can only consider the matters before it. Use multiple paragraphs if needed.</p> </div>
<p>2 PETITION FOR WRIT OF ADMINISTRATIVE MANDATE</p>		
<p>Petition for Writ of Administrative Mandate (page 2)</p>		



1 except for such action as may be taken by a judicial tribunal as permitted or required by law.
 2
 3 12. Petitioner has no plain, speedy, and adequate remedy in the ordinary course of law to
 4 compel the appeals board to reverse its decision and to grant petitioner's claim for
 5 unemployment compensation benefits, and no remedy at all unless this petition is granted.

6 WHEREFORE, petitioner prays as follows:

- 7
- 8 1. That this court issue an alternative writ of mandate ordering respondent Unemployment
 9 Insurance Appeals Board
- 10 a. To set aside its decision (specify, e.g. affirming the decision of the administrative law
 11 judge affirming the determination of the Director of Employment Development) that the
 12 claimant (specify specific finding, e.g. voluntarily left his/her work without good cause
 13 or was discharged for misconduct in connection with his/her work), and is ineligible for
 14 unemployment compensation benefits, and to grant such benefits, or;
- 15 b. In the alternative, to show cause before this court at a time and place to be fixed by the
 16 court why it has not done so and directing it to file with this court the record of all
 17 proceedings in this matter before the respondent and the administrative law judge;
- 18 2. That after hearing on the order to show cause, this court issue a peremptory writ of mandate to
 19 the same effect as the alternative writ except for the order to show cause;
- 20 3. For the costs of suit herein incurred; and
- 21 4. For such other and further relief as the court may deem proper.

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23
24 Date:

Sign and Date

Your signature

YOUR NAME

Petitioner, In Pro Per



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VERIFICATION

I, (insert your name), am the petitioner in the above-entitled proceeding. I have read the foregoing petition and know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and as to those matters, I believe it to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: Sign and Date

YOUR NAME
Petitioner, In Pro Per

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PETITION FOR WRIT OF ADMINISTRATIVE MANDATE

Petition for Writ of Administrative Mandate (page 4)



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EDD OFFICE NAME
P.O. BOX
CITY CA ZIP CODE

EDD Employment
Development
Department
State of California

NOTICE OF DETERMINATION/RULING

Attach a copy of the Written Notice of Determination as Exhibit A.

00 / 00 / 00
ERS:
ENGLISH 1-800-300-5616
SPANISH 1-800-326-8937
CANTONESE 1-800-547-3506
MANDARIN 1-866-303-0706
VIETNAMESE 1-800-547-2058
TTY 1-800-815-9387

CLAIMANT'S NAME
CLAIMANT'S ADDRESS
CITY CA ZIP CODE

SSA NUMBER 000-00-0000

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1256 BEGINNING 00 / 00 / 00 AND CONTINUING UNTIL YOU RETURN TO WORK AFTER THE DISQUALIFYING ACT AND EARN \$0.00 OR MORE IN BONA FIDE EMPLOYMENT. AND YOU CONTACT THE ABOVE OFFICE TO REOPEN YOUR CLAIM.

YOU QUIT YOUR LAST JOB WITH (EMPLOYER NAME). YOU HAVE NOT SHOWN THAT THE QUIT WAS NECESSARY OR THAT YOU HAD EXPLORED ALL REASONABLE OPTIONS BEFORE QUITTING. AFTER CONSIDERING AVAILABLE INFORMATION, THE DEPARTMENT FINDS THAT YOU DO NOT MEET THE LEGAL REQUIREMENTS FOR PAYMENT OF BENEFITS. SECTION 1256 PROVIDES - AN INDIVIDUAL IS DISQUALIFIED IF THE DEPARTMENT FINDS HE VOLUNTARILY QUIT HIS MOST RECENT WORK WITHOUT GOOD CAUSE OR WAS DISCHARGED FOR MISCONDUCT FROM HIS MOST RECENT WORK. SECTION 1260A PROVIDES - AN INDIVIDUAL DISQUALIFIED UNDER SECTION 1256 IS DISQUALIFIED UNTIL HE/SHE, SUBSEQUENT TO THE DISQUALIFYING ACT, PERFORMS SERVICES IN BONA FIDE EMPLOYMENT FOR WHICH HE/SHE RECEIVES REMUNERATION EQUAL TO OR IN EXCESS OF FIVE TIMES HIS OR HER WEEKLY BENEFIT AMOUNT.

APPEAL:
YOU HAVE THE RIGHT TO FILE AN APPEAL IF YOU DO NOT AGREE WITH ALL OR PART OF THIS DECISION.
TO APPEAL, YOU MUST DO ALL OF THE FOLLOWING:

A. COMPLETE THE ENCLOSED APPEAL FORM (DE 1000M) OR WRITE A LETTER STATING THAT YOU WANT TO APPEAL THIS DECISION. IF YOU WRITE A LETTER TO APPEAL, EXPLAIN THE REASON WHY YOU DO NOT AGREE WITH THE DEPARTMENT'S DECISION. WRITE YOUR SOCIAL SECURITY NUMBER ON EACH DOCUMENT YOU SUBMIT TO THE DEPARTMENT. (TITLE 22, CALIFORNIA CODE OF REGULATIONS (CCR), SECTION 5008).

B. MAIL THE DE 1000M OR YOUR LETTER TO THE ADDRESS OF THE OFFICE LISTED ON THE FIRST PAGE OF THIS DECISION.

C. FILE YOUR APPEAL WITHIN THIRTY (30) DAYS OF THE MAIL DATE OF THIS NOTICE OR NO LATER THAN 00 / 00 / 00.

THE HANDBOOK, "A GUIDE TO BENEFITS AND EMPLOYMENT SERVICES," GIVES MORE INFORMATION ABOUT APPEALS. IF YOU DO NOT HAVE A HANDBOOK, CONTACT THE OFFICE LISTED ON THE FIRST PAGE OF THIS NOTICE.

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Exhibit A

Petition for Writ of Administrative Mandate (Ex. A) (page 6)

Petition for Writ of Administrative Mandate (Ex. B, Written Decision) (page 7)
Petition for Writ of Administrative Mandate (Ex. B) (page 7)

Petition for Writ of Administrative Mandate (Ex. C, CUIAB Decision) (page 8)

Petition for Writ of Administrative Mandate (Ex. C) (page 8)

Notice of Hearing

1		<p>YOUR NAME STREET ADDRESS CITY, STATE, ZIP TELEPHONE NUMBER</p>	
2			
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4		YOUR NAME , IN PRO PER	
5			
6		SUPERIOR COURT OF THE STATE OF CALIFORNIA	
7		FOR THE COUNTY OF SACRAMENTO	
8		YOUR NAME	Case No.
9	Petitioner,		NOTICE OF HEARING FOR WRIT OF
10	vs.		MANDATE
11	Unemployment Uninsurance		(CCP § 1094.5)
12	Appeals Board,		Date: insert date of hearing
13	Respondent,		Time: insert time of hearing
14	NAME OF EMPLOYER		Department: insert department number
15	Real Party in Interest		
16			
17		PLEASE TAKE NOTICE that on the above-captioned date, time, or as soon thereafter as the matter	
18		may be heard, in the above-captioned department of the above-named Court, located at 720 Ninth	
19		Street, Sacramento, California, your name will move the Court for a writ of mandate, under Code of	
20		Civil Procedure § 1094.5 commanding respondent the Unemployment Insurance Appeals Board to	
21		set aside its decision of insert date of decision of final appeal, in the administrative proceedings	
22		titled insert short title of case as it appeared on all appeals.	
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24		This motion is made on the grounds that specify grounds listed in the petition.	
25			
26		This motion is based on this notice, the verified petition, the administrative record previously lodged	
27		with this Court, the briefs filed with the court, the declarations, exhibits, and any and all other	
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		1 NOTICE OF HEARING FOR WRIT OF MANDATE	

Notice of Hearing (page 1)



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	<p>evidence that may be presented at the hearing on this motion.</p> <p>“Pursuant to Local Rule 1.06, the Court will make a tentative ruling on the merits of this matter by 2:00 p.m., the court day before the hearing. To receive the tentative ruling, you can access the Court’s website at www.saccourt.ca.gov or arrange to obtain the tentative ruling from the clerk of Department insert department number. If you do not call the Court and the opposing party by 4:00 p.m. the court day before the hearing, no hearing will be held.”</p> <p>Date: insert date and sign Sign and Date</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">YOUR NAME</p> <p style="text-align: center;">Petitioner, In Pro Per</p>
<p>2</p> <p>NOTICE OF HEARING FOR WRIT OF MANDATE</p>	

Notice of Hearing (page 2)