

Writ of Mandamus Request Form

In order for CDSS to process your request this form needs to be completed by the County Supervisor and submitted to CDSS. The CMIPS II Help Desk will contact the County when request is complete.

Service Request Information (Please provide the request information below)

Service Request Date	
Service Request Number	
Service Request Category	

Justification Detail (Please provide the request detail in the space below)

Required Information (Check all that apply)	Attachments:	
	Special Transaction Request Spreadsheet	<input type="checkbox"/>
	Special Transaction Request Time Sheet	<input type="checkbox"/>
	Special Transaction Request Detailed Information	<input type="checkbox"/>
	Proof Of MEDS Eligibility for the requests period	<input type="checkbox"/>

Supervisor/Submitter Information (All fields must be completed)	County/District Office	
	Supervisor Name	
	Supervisor Email	
	Supervisor Phone	
	Submitter Name	
	Submitter Email	
	Submitter Phone	

Note: Request will be rejected if there is a violation of the policy or missing information.

Supervisor Approval Date			
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Email or fax completed form and required documents to:
 Attn: CDSS
 Email: CMIPSII-Requests@DSS.ca.gov
 Fax: (916) 651-5256