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**STATEMENT OF FACTS (SOF) SUMMARY  
INSTRUCTIONS**

**THE SOF SUMMARY SHEET PROVIDES BASIC INFORMATION TO BE ENTERED INTO THE LEGAL CASE TRACKING SYSTEM (LCTS). THE LCTS PROVIDES A MECHANISM FOR TRACKING LEGAL CASES THROUGHOUT THE GENERAL EXCEPTION (GE) PROCESS.**

**A. GENERAL EXCEPTION APPEAL INFORMATION**

**Legal Case #:** Enter a 9 to 11 digit case number, which remains with the case throughout the appeal process.

**Appeal Request Received:** Enter date CBCB received the appeal request.

**Acknowledgement Letter Sent:** Enter date acknowledgement letter was sent to applicant provider.

**SOF Due:** Enter date SOF is due from CBCB GEU analyst.

**County:** Enter the County in which the applicant applied to become an IHSS provider.

**County Contact:** Enter the name of the county contact.

**B. GENERAL EXCEPTION APPLICANT PROVIDER INFORMATION**

**Name, Address, Telephone:** Enter the applicant provider contact information.

**General Exception ID #:** Enter applicant provider General Exception ID #.

**C. TYPE OF ACTION REQUESTED**

**General Exception Denial:** Select if taking this action.

**General Exception Rescission:** Select if taking this action.

**D. CBCB GEU INFORMATION**

**Analyst Name, Telephone, Mail Station:** Enter contact information for the CBCB GEU analyst

**Manager Name, Telephone, Mail Station:** Enter contact information for the CBCB GEU analyst's manager.

**Manager Signature, Date:** Obtain signature and date.

**Bureau Chief Signature, Date:** Obtain signature and date.

**E. COMMENTS**

Summarize reason(s) that support or clarify the denial of this GE request. State the factors considered, per the "Evaluator Manual for General Exception" Section A-1115, and relevant documentation submitted by the applicant provider. Documentation may include his/her concerted rehabilitation efforts (such as education, employment, community service, therapy, etc.) and the evaluation of his/her written statement regarding the circumstances of the commission of the crime.