

BEFORE THE  
DEPARTMENT OF SOCIAL SERVICES  
STATE OF CALIFORNIA

IN THE MATTER OF:

FIRST PRESBYTERIAN  
CHURCH OF NEWARK dba  
PARKSIDE PRESCHOOL  
35450 Newark Blvd.  
Newark, California 94560

Respondent.

CDSS No. 6818311101

**NOTICE OF DEFENSE**  
Community Care Licensing  
(Pursuant to Government Code  
sections 11505 and 11506)

I, the undersigned respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of, including, but not limited to, the Statement to Respondent, Government Code sections 11507.5, 11507.6, and 11507.7, Accusation, Confidential Name List, Request for Discovery, and two copies of this Notice of Defense.

I hereby request a Community Care Licensing hearing in this proceeding to permit me to present my defense as to the charges contained in the Accusation.

The hearing will be tape-recorded unless you check the box below. Otherwise, the hearing will be manually recorded (typed) by a court reporter. (If you later order a transcript of the hearing, it will be less costly if the hearing was tape-recorded rather than recorded by a court reporter.)

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☐ I DO NOT CONSENT TO TAPE-RECORDING THE HEARING.

DATED: 03/18/2019

First Presbyterian Church of Newark  
dba Park Side Preschool

Respondent

35450 Newark Blvd.

Street Address

Newark CA

94560

City

State

Zip Code

(510) 473-3603

Telephone Number

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, state below his/her name, address and telephone number.

Sarah Jane T. C. Truong

Respondent's Attorney

438 First Street, 4th Floor

Street Address

Santa Rosa CA

95401

City

State

Zip Code

(707) 525-8800

Telephone Number

The Department may provide language assistance to a party who cannot speak or understand English or who can do so only with difficulty. If you require the assistance of an interpreter at the hearing, please indicate this below.

Yes: \_\_\_\_ I am requesting an interpreter at the hearing in my case. I will require an interpreter who speaks: \_\_\_\_  
(specify language or dialect)

Please return this Notice of Defense to the California Department of Social Services, Legal Division, 1515 Clay Street, Suite 800, Oakland, California 94612,

ATTN: FRANCES VALDEZ.