



OFFICE OF ADMINISTRATIVE HEARINGS
 STATE OF CALIFORNIA
 SPECIAL EDUCATION DIVISION

Submit completed request:

Via email:
SEFilings@dgs.ca.gov

Via fax: (916) 376-6319

Questions about OAH's Special Education Division?

Call: (916) 263-0880

Certification of ADA-Compliant Facility and Rooms

This form may be used for a Local Education Agency providing facilities and rooms for special education mediations and hearings. This form is not required. If this form is not used, the Local Educational Agency shall provide a comparable certification.

Name of Local Educational Agency	
OAH Case Number	
Date of Mediation	Date of Hearing
Name and address of location to be used for mediation	
Contact information for location to be used for mediation	
Name and address of location to be used for hearing (If multiple locations to be used throughout hearing, provide information for each location)	
Name, phone number and email address of contact for location to be used for hearing (If multiple locations to be used throughout hearing, provide information for each location)	

On behalf of the Local Educational Agency providing facilities and rooms for this OAH case, I certify under penalty of perjury of the laws of California, that each facility and room to be used in this case is fully compliant with all disability access laws, including , but not limited to the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), the Rehabilitation Act of 1973 (29 U.S.C. § 794 et seq.), and the Unruh Civil Rights Act (Civ. Code, § 51 et seq.).

Name	Title	Date