

**MEDIATION AND DUE PROCESS HEARINGS UNDER THE INDIVIDUALS WITH
DISABILITIES EDUCATION IMPROVEMENT ACT OF 2004(IDEA)**

IDEA provides for mediation and due process hearings to resolve disputes relating to the education of children with disabilities to ensure that each child receives a Free and Appropriate Public Education (FAPE) tailored to his/her unique needs. The process is initiated by serving a completed Request for Due Process Hearing and Mediation (generally called a Complaint) on the persons or entities you name as parties to the proceeding.

Attached is a form that you may use to request a due process hearing and mediation on behalf of a particular child. You should be aware that the IDEA has very specific requirements regarding the information to be included on the request. If the information requested is incorrect, incomplete or not provided, your request for a due process hearing may be delayed until the request meets legal requirements.

Your request must be sent to **all** of the parties you have identified and a copy provided to the Office of Administrative Hearings.

If you need assistance in completing this form or have questions about the due process hearing and mediation process, assistance is available by contacting the Office of Administrative Hearings at the numbers identified below.

Office of Administrative Hearings
Special Education Division
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833

Tel. (916)263-0880
Fax (916)376-6319

BEFORE FILLING OUT THIS REQUEST PLEASE TAKE THE TIME TO READ THE FOLLOWING EXCERPTS FROM APPLICABLE FEDERAL STATUTES:

The Request for Due Process Hearing and Mediation (Complaint) shall include:

“the name of the child, the address of the residence of the child (or available contact information in the case of a homeless child), and the name of the school the child is attending...” (20 U.S.C. § 1415 (b)(7)(A)(ii)(I));

“a description of the nature of the problem of the child relating to such proposed initiation or change, including facts relating to such problem....”(20 U.S.C. § 1415 (b)(7)(A)(ii)(III)) and

“a proposed resolution of the problem to the extent known and available to the party at the time.” (20 U.S.C. § 1415 (b)(7)(A)(ii)(IV))

Either party now has the right to challenge the sufficiency of any Complaint. (20 U.S.C. § 1415 (c)(2)(A))

The party filing the Complaint is not entitled to a due process hearing if the Complaint does not comply with 20 U.S.C. § 1415 (b)(7)(A). (20 U.S.C. § 1415 (b)(7)(B))

The determination of whether a Complaint is sufficient and in compliance with the requirements of 20 U.S.C. § 1415 (b)(7)(A), shall be made by an administrative law judge solely on the content of the Complaint. (20 U.S.C. § 1415 (c)(2)(D))

A party may amend its Complaint only if: (I) the other party consents in writing and a Resolution Session is held; or (II) if permitted by the Administrative Law Judge. (20 U.S.C. § 1415 (c)(2)(E)(i))

All timelines, including those for a Resolution Session, start over upon the filing of an amended Complaint. (20 U.S.C. § 1415 (c)(2)(E)(ii))

REQUEST FOR MEDIATION AND DUE PROCESS HEARING

IMPORTANT: This form is designed to assist parties in requesting mediation services and a due process hearing. Provide all information requested. Failure to provide all information may result in delay or dismissal of your hearing request. OAH will send you a notice that identifies your mediation and hearing dates. OAH will also send you a list of attorneys and advocates who provide free and reduced cost services.

This is a request for Hearing and Mediation Hearing Only

This Request is being initiated by the Parent School District (or other LEA)

STUDENT INFORMATION	
First and Last Name (Required)	Date of Birth
Street Address (Required)	Grade Level
City, Zip Code (Required)	Student's Primary Language (Required)
School of Attendance (Required)	
District of Residence (Required)	
PARENT INFORMATION	
First and Last Name	Home Phone
Street Address	Work/Cell Phone
City, Zip Code	Fax
Email Address	

Is the Student a person of color? Please check the appropriate box. (California Department of Education requirement)
 Yes No Decline to State

PARTIES TO BE NAMED

INSTRUCTIONS: please list the Parties to be named in the Due Process Hearing Request. This includes any school district, county office of education or other public agencies responsible for providing services you feel should be a party in the hearing. (Use additional sheets if necessary)

Party and Address
Party and Address
Party and Address

STATEMENT OF REASON(S) FOR REQUEST: Federal and state law require you describe with specificity the nature of the problem(s)/complaint(s). Simply describing a problem as "Student denied FAPE for school year 2005-2006" is insufficient. Include facts, dates, references to specific IEP provisions, etc. Lack of specificity in identifying problem(s)/complaint(s) may result in the dismissal of this Due Process Hearing Request.

PROPOSED RESOLUTION FOR EACH PROBLEM/COMPLAINT: Federal law requires that you provide a proposed resolution to each identified problem/complaint to the extent known. Again, please be as specific as possible. A proposed resolution that the District "provide a Free Appropriate Public Education (FAPE)" is insufficient.

In the space below please identify specific problem(s)/complaint(s) and a proposed resolution for each to the extent known. All that is required and recommended is a simple, clear, concise statement of the problem/complaint. If you run out of space, use additional sheets with the same format. Lengthy narratives often create more confusion than clarity and are not a substitute for a clear statement of the dispute. If a narrative is included, attach it to your Request.

Problem/Complaint #1: _____

Proposed Resolution #1: _____

Problem/Complaint #2: _____

Proposed Resolution #2: _____

Problem/Complaint #3: _____

Proposed Resolution #3: _____

Problem/Complaint #4: _____

Proposed Resolution #4: _____

Problem/Complaint #5: _____

Proposed Resolution #5: _____

Problem/Complaint #6: _____

Proposed Resolution #6: _____

NECESSITY OF INTERPRETER

Person(s) needing interpreter services:

Language:

SIGNATURE OF PARTY REQUESTING DUE PROCESS HEARING

Please Print Name in this block	
Email Address	
Please Sign Name in this block	Date

STATEMENT OF SERVICE

INSTRUCTIONS: Federal and state law require you to send or deliver a copy of this Request to each of the named parties. Additionally, you must send or deliver a copy to the Office of Administrative Hearings. Retain a copy for yourself. Please indicate your compliance with this requirement by checking the appropriate box below.

I have provided a copy of this Request for Due Process Hearing and Mediation to all the named parties and to the Office of Administrative Hearings by:

- First Class Mail
- Facsimile Transmission
- Messenger Service (UPS, FedEx, Other courier service) Please attach proof of service
- Personal Delivery (If other than requestor please name person who made service)

Signature of person completing this Statement of Service

Date of service