

## Mediation Only Request Form

Important information to know before requesting a Mediation Only case:

- Participation in mediation is voluntary. If one of the parties declines the opportunity to participate, the mediation cannot occur. However, if the mediation only does not occur, either party may still file a request for due process hearing.
- For a mediation only case, the law provides that attorneys and other independent contractors who provide legal advocacy services shall not attend or otherwise participate in a "prehearing request mediation conference." However, they may otherwise participate during all stages of the hearing process if a party later files for due process hearing. This means that by requesting a mediation only case you may not have an attorney or advocate present at mediation.
- The Office of Administrative Hearings (OAH) will assign your request to a mediator who is knowledgeable about non-adversarial dispute resolution. All mediators are also experienced in the area of special education law and mediation.

If you wish to file a request for a Mediation only case, complete and print a copy of this Mediation Only Request Form and mail or fax to:

Office of Administrative Hearings, Special Education Unit  
2349 Gateway Oaks Suite #200  
Sacramento, CA 95833  
Phone: (916) 263-0880 Fax: (916) 376-6319

All required information must be provided for the request to be processed. As soon as the completed request has been processed you will be notified by mail.

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### STUDENT INFORMATION:

NAME, First and Last (Required) \_\_\_\_\_

ADDRESS (Required) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_

SCHOOL OF ATTENDANCE \_\_\_\_\_

(Required)

DISTRICT OF RESIDENCE \_\_\_\_\_

(Required)

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**PARENT INFORMATION:**

NAME, First and Last (Required) \_\_\_\_\_

ADDRESS (Required) \_\_\_\_\_

HOME/MESSAGE PHONE ( ) \_\_\_\_\_

WORK PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

LANGUAGE \_\_\_\_\_

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**PARTIES TO BE NAMED:**

DISTRICT OF RESIDENCE  
(Required) \_\_\_\_\_

ADDITIONAL PARTIES  
(Required) \_\_\_\_\_

(Any other school district, including school of attendance, or public agency that is responsible for providing services that should be a party in the mediation and hearing.)

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**REQUESTING PARTY (Circle one) (Required)**

PARENT  
SCHOOL DISTRICT  
OTHER AGENCY

PARENT REPRESENTATIVE  
SCHOOL DISTRICT REPRESENTATIVE

If the requesting party is not the parent, please complete the following:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

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**BRIEF SUMMARY OF REASON FOR REQUEST** (Describe the nature of the problem including all relating facts.) (Required)

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**PROPOSED RESOLUTION OF PROBLEM STATED ABOVE** (Required)