

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.

Attached is a form that you may use to request Mediation Only on behalf of a particular child. If the information requested is incorrect, incomplete or not provided, your request for mediation only may be delayed until that information is provided to OAH. 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.

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 Unit
2349 Gateway Oaks Suite #200
Sacramento, CA 95833
Phone: (916) 263-0880
Fax: (916) 376-6319

Mediation Only Request Form

STUDENT INFORMATION:

NAME, First and Last (Required) _____

ADDRESS (Required) _____

DATE OF BIRTH _____

GRADE LEVEL _____

SCHOOL OF ATTENDANCE _____

(Required)

DISTRICT OF RESIDENCE _____

(Required)

PARENT INFORMATION:

NAME, First and Last (Required) _____

ADDRESS (Required) _____

HOME/MESSAGE PHONE () _____

WORK PHONE () _____

FAX () _____

LANGUAGE _____

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.) **A copy of this form must be sent to each party you named.**

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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)**

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