

Mediation Only Request Form

Important information you need to know before requesting a Mediation Only:

- Participation in a prehearing request mediation is voluntary. If one of the parties declines the opportunity to participate, the mediation cannot occur. However, either party still has the option of requesting a state level hearing.
- 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." However, they may participate during all stages of the hearing process. This means that by requesting a mediation only you may not have an attorney or advocate present at mediation.
- The Special Education Hearing Office will assign your request to a specific mediator. All mediators are under contract with the Special Education Hearing Office and are experienced in the area of Special Education Mediation.

If you wish to file a request for Mediation only, complete and print a copy of this Mediation Only Request Form (NOTE: The required information must be provided for request to be processed.) and mail or fax to:

Office of Administrative Hearings, Special Education Unit
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833
Phone: (916) 263-0880 - Fax: (916) 263-0890

As soon as the completed request has been processed you will be notified by mail.

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 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.)

REQUESTING PARTY (Circle) (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.)

PROPOSED RESOLUTION OF PROBLEM STATED ABOVE