

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

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

Student Information	
(all fields required)	
First and Last Name	Date of Birth
Street Address	Grade Level
City, Zip Code	Student's Primary Language
School of Attendance	
District of Residence	
Parent Information	
(all fields required if student is under 18 years of age)	
First and Last Name	Home Phone
Street Address	Work/Cell Phone
City, Zip Code	Fax
Email Address	

Parties to Be Named

INSTRUCTIONS: please list the parties to be named in the Request for Mediation Only.

If this request is being filed by a parent, this includes any school district, county office of education or other public agencies involved in any decision regarding the student that you feel should be a party in the mediation.

If this request is being filed by the district or any public agency involved in any decision regarding a student, this would be the parent or student as appropriate.

(Use additional sheets if necessary)

Party and Address
Party and Address

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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)**

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Necessity of Interpreter

Person(s) needing interpreter services:	Language:

Signature of Party Requesting Mediation

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

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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, signing and dating below.

I have provided a copy of this Request for Mediation Only 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