

**OFFICE OF ADMINISTRATIVE HEARINGS  
STATE OF CALIFORNIA  
SPECIAL EDUCATION DIVISION**

**INFORMATION SHEET FOR THE OPTIONAL FORM: REQUEST FOR DUE  
PROCESS HEARING AND MEDIATION REQUESTED BY DISTRICT OR  
OTHER PUBLIC AGENCY**

Attached is a form that you may use to request the Office of Administrative Hearings, also referred to as "OAH," to schedule a due process hearing with the ability to request a mediation on behalf of a school district, County Office of Education, or other public agency. This request is also called a "complaint."

Please provide correct and complete information. Service of documents by a public agency to OAH and from OAH to a public agency must be made through the Secure e-File Transfer system, which is referred to as "SFT." Failure to provide complete and correct information may delay the opening of the case or cause your request to be returned.

As soon as the completed complaint has been processed you will be notified of the due process hearing date by email through the SFT in the form of a Scheduling Order. A mediation date may be requested after receipt of the initial Scheduling Order by submitting a Request to Set Mediation. [SFT](#) may be accessed at <https://www.applications.dgs.ca.gov/oah/oahsftweb>.

**Mediation and Due Process Hearings Under the Individuals with  
Disabilities Education Improvement Act of 2004**

The Individuals with Disabilities Education Improvement Act of 2004, which is known as "IDEA," provides for mediation and due process hearings to resolve special education disputes. The purpose of the IDEA is to help ensure that children with disabilities receive a

free and appropriate public education that fits each child’s unique needs. A “free and appropriate public education” is usually referred to as a “FAPE.”

To have a due process hearing scheduled the public agency must complete a complaint with all of the appropriate information provided. The IDEA has very specific requirements regarding the information which must be included in a complaint. The attached optional Request for Due Process Hearing and Mediation lists all of the necessary information.

If the information is incomplete, your request for a due process hearing may be delayed until the all of the necessary information has been provided, or the complaint will be returned to you.

**Your request must be sent to all of the parents, legal guardians, educational rights holders, or the student if the student is over the age of 18 and does not have a legal guardian or educational rights holder.**

Service of documents by a public agency to OAH and from OAH to a public agency must be made through the Secure e-File Transfer system, which is referred to as “SFT.” Additional information, and the SFT system, may be accessed through [OAH’s website](https://www.dgs.ca.gov/OAH/Case-Types/Special-Education) at <https://www.dgs.ca.gov/OAH/Case-Types/Special-Education>.

## **Please Read Before Filling Out Request for Due Process Hearing and Mediation – Excerpts From Applicable Federal Statutes**

The Request for Mediation and Due Process Hearing (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))
- “a party may not have a due process hearing until the party, or the attorney representing the party, files a notice that meets the requirements of subparagraph (A)(ii).” (20 U.S.C. § 1415 (b)(7)(B))”
- “[The complaint] shall be deemed to be sufficient unless the party receiving the notice notifies the hearing officer and the other party in writing that the receiving party believes the notice has not met the requirements of subsection (b)(7)(A).” (20 U.S.C. § 1415 (c)(2)(A))
- “...the hearing officer shall make a determination on the face of the notice whether the notification meets the requirements...and shall immediately notify the parties in writing of such determination.” (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))
- “The applicable timeline for a due process hearing under this subchapter shall recommence at the time the party files an amended notice...” (20 U.S.C. § 1415(c)(2)(E)(ii))

**OFFICE OF ADMINISTRATIVE HEARINGS  
STATE OF CALIFORNIA  
SPECIAL EDUCATION DIVISION**

**REQUEST FOR DUE PROCESS HEARING AND MEDIATION REQUESTED  
BY DISTRICT OR OTHER PUBLIC AGENCY**

**School District, County Office of Education or Other Public Agency**

**Information:**

Name of the School District, County Office of Education, or Other Public Agency filing this request:

Contact Person for purposes of this case, including the telephone number:

Email address for purposes of receiving documents from OAH through the SFT system:

**Student's Information:**

Student's first and last name:

Student's birthdate:

Student's main language:

Student's address, including the street address, city and zip code:

Student's grade level. For example, if student is in second grade, then write "second grade."

Name of the school student goes to:

Student's school district of residence:

**Parent Information:**

**All of the information requested below is required if student is under 18 years of age.**

For each parent to be included in this Request for Mediation, please write the information in the space below. If the student has a legal guardian or an educational rights holder then please put their name and information under the Parent Number 1 section, and add either "legal guardian" or "educational rights holder" after their name. The Parent Number 2 section may be skipped if a second parent is not being added.

**FIRST PARENT INFORMATION:**

First and last name for Parent Number 1:

Phone numbers for Parent Number 1:

Cell Phone:

Work Phone:

Home Phone:

Home address for Parent Number 1, including the street address, city and zip code:

If an interpreter is needed for Parent Number 1, please state the language in the space below. For example, if Parent Number 1 needs a Spanish interpreter, please write "Spanish" in the space below.

**SECOND PARENT INFORMATION, TO BE COMPLETED ONLY IF THERE IS A SECOND PARENT:**

First and last name for Parent Number 2:

Phone numbers for Parent Number 2:

Cell Phone:

Work Phone:

Home Phone:

Home address for Parent Number 2, including the street address, city and zip code:

If an interpreter is needed for Parent Number 2, please state the language in the space below. For example, if Parent Number 2 needs a Spanish interpreter, please write "Spanish" in the space below.

## **Parties to be Named by Districts or other Public Agencies Filing this Request:**

The parties to be named must include at least the parents, legal guardian, or educational rights holder, or, if the student is over 18, then the student. Type in the space below the name of the student's parent or parents, or other legal guardian, with whom you wish to schedule a mediation.

## **District Email Addresses for Videoconference Participants**

Please provide District's mediation participants' email addresses:

## **Identify the Specific Problems or Complaints:**

Federal and state law require you to describe in detail the nature of the problem or problems you want included in this complaint. Simply describing a problem in general terms, such as "Student was denied FAPE for school year 2005-2006," is not enough. You must include facts, dates, references to specific individual education program provisions – also known as "IEP" provisions –, etc. Failure to specifically describe the problem or

problems to be included in this complaint may result in this case being closed. Closing a case is called a dismissal.

Describe the nature of the problem including all important facts. Provide details. You may add more if needed by attaching additional pages.

**PROBLEM OR COMPLAINT NUMBER 1:**

**PROBLEM OR COMPLAINT NUMBER 2**

**PROBLEM OR COMPLAINT NUMBER 3:**

**Proposed Resolution of Problems Stated Above**

“Proposed Resolution of Problems” means how you want each of the problems described above to be solved. Federal law requires that you provide a solution to each of the problems described in this complaint to the extent you know the solution. You must describe the solution with as much detail as you can.

Describe the solution for each of the problems outlined above. You may add more if needed by attaching additional pages.

**SOLUTION TO PROBLEM OR COMPLAINT NUMBER 1:**

**SOLUTION TO PROBLEM OR COMPLAINT NUMBER 2:**

**SOLUTION TO PROBLEM OR COMPLAINT NUMBER 3:**

**Signature of District’s, County Office of Education or Other Public Agency’s Representative Requesting a Due Process Hearing and Mediation**

Print the email address for the party requesting a due process hearing and mediation in the space below.

The representative of the district, county office of education or other public agency must sign and date in the space below. By typing their name the party or their representative is agreeing that they are electronically signing this form.

Date:

## STATEMENT OF SERVICE

Federal and state laws 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 that you have sent copies of this Request by completing the sections below.

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

First Class Mail to the person or agency named below at the address listed below. Please include the date the document was mailed to that person or agency. You may add more if needed by attaching additional pages.

Facsimile transmission, also referred to as Fax, or email to the person or agency named below at the fax number or email listed below. Please include the date the document was faxed to that person or agency. You may add more if needed by attaching additional pages.

Messenger or overnight delivery such as UPS, FedEx, or other courier service to the person or agency named below using the service identified below. I have also attached a copy of the receipt. You may add more if needed by attaching additional pages.

Personal delivery to the person or agency listed below at the address shown below. I have included the name of the person who made the delivery and the date and time of the delivery. You may add more if needed by attaching additional pages.

### **Signature of person completing this statement**

Print the name of the person completing this statement of service in the space below.

The person completing this Statement of Service must sign in the space below and write the date of the signature next to the signature. By typing their name the party completing this Statement is agreeing that they are electronically signing this form.

Date