OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA
SPECIAL EDUCATION DIVISION

INFORMATION SHEET FOR THE OPTIONAL FORM: REQUEST FOR MEDIATION ONLY REQUESTED BY DISTRICT OR OTHER PUBLIC AGENCY

Attached is a form you may use to request the Office of Administrative Hearings, also referred to as "OAH," to schedule a mediation on behalf of a school district, County Office of Education, or other public agency, without requesting a hearing. Participation in mediation is voluntary. If one of the parties chooses not to participate, the mediation will not take place and the matter will be closed. Either party may later file a request for a due process hearing. For more information and a copy of this form go to

https://www.dgs.ca.gov/OAH/Case-Types/Special-Education/Forms/Request-for-Mediation-and-Due-Process-Hearing-Form

An attorney or independent contractor used to provide legal advocacy services may not accompany a parent or district in a mediation only based on California Education Code Section 56500.3(a). However, California Education Code Section 56500.3(b) does not preclude the parent or public agency from being accompanied or advised by non-attorney representatives in mediation and parties may consult with an attorney before or after the mediation. However, attorneys may participate during all stages of the hearing process if a party later files for due process hearing.

OAH will assign a mediator who is knowledgeable about non-adversarial dispute resolution to your mediation. All mediators are experienced in the area of special education law and mediation.

Please provide correct and complete information. Failure to provide complete and correct information may result in the mediation either being delayed or not scheduled.

As soon as the completed Request has been processed you will be notified of the mediation date by U.S. mail, overnight service, or email in the form of a Notice of Mediation.

The Request must be "served" to all parties, which means you must send the Request to the public agencies against which you are filing the Request. To show that you "served" a party, you must complete a Proof of Service. You may use the attached Proof of Service to show that you served a party.

You must also serve the Request to the OAH. To serve the Request or any other documents to OAH, it is recommended that service 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 at

https://www.dgs.ca.gov/en/OAH/Services/Page-Content/Office-of-Administrative-Hearings-Services-List-Folder/File-or-Upload-OAH-Case-Documents.

If you file your Mediation Only Request through the SFT, you are agreeing that OAH will serve your documents by Secure e-File Only until you notify OAH that you no longer wish to use Secure e-File. If your contact information changes, it is your responsibility to notify the OAH.

If you wish to receive documents by email from other parties to the case, you need to give your consent to the other party or parties by completing the Consent to Electronic Service Agreement, also called "CESA," and sending a copy to the other party or parties. The CESA form is located on OAH's website at

https://www.dgs.ca.gov/OAH/Case-Types/Special-Education/Forms/Consent-to-Electronic-Service-Agreement

If you do not want to use the SFT system you can mail your Mediation Only Request to OAH directly at:

Office of Administrative Hearings, Special Education Division
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833

If you need assistance to complete this form, or have questions, please contact OAH by telephone at 916-263-0880. Additional information is available on OAH's website at

https://www.dgs.ca.gov/OAH/Case-Types/Special-Education

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REQUEST FOR REASONABLE ACCOMMODATIONS

OAH complies with the Americans with Disabilities Act, the Rehabilitation Act of 1973, the Unruh Civil Rights Act and all laws governing accessibility of government services to persons with disabilities. For more information on how to request a reasonable accommodation, please go to OAH's website at:

https://www.dgs.ca.gov/OAH/Services/Page-Content/Office-of-Administrative-Hearings-Services-List-Folder/Request-Reasonable-Accommodations-for-OAH-Legal-Proceedings?search=Request%20for%20Reasonable%20Accommodation

You may also contact the OAH Reasonable Accommodation Coordinator by phone at 916-263-0880 or email to OAHADA@dgs.ca.gov

OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA
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REQUEST FOR MEDIATION ONLY 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 SECURE E-FILE TRANSFER SYSTEM:

STUDENT'S INFORMATION:

STUDENT'S FIRST AND LAST NAME:

STUDENT'S BIRTHDATE:

WHAT LANGUAGE IS STUDENT'S MAIN LANGUAGE?

STUDENT'S ADDRESS, INCLUDING THE STREET ADDRESS, CITY AND ZIP CODE: (IF STUDENT IS HOMELESS, PLEASE PROVIDE AVAILABLE CONTACT INFORMATION)

WHAT GRADE LEVEL DOES STUDENT ATTEND? FOR EXAMPLE, IF STUDENT IS IN SECOND GRADE, THEN WRITE "SECOND GRADE."

NAME OF THE SCHOOL STUDENT ATTENDS?

WHAT IS THE NAME OF THE SCHOOL DISTRICT OF RESIDENCE? FILL THIS IN ONLY IF THE SCHOOL STUDENT IS CURRENTLY ATTENDING IS NOT THE SAME AS ONE THEY WOULD TO WHICH THEY HAVE BEEN ASSIGNED BASED ON WHERE STUDENT LIVES.

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.

FIRST PARENT INFORMATION:

FIRST AND LAST NAME FOR PARENT NUMBER 1:

PHONE NUMBERS FOR PARENT NUMBER 1:

CELLPHONE: **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 FOLLOWING SPACE.

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:

CELLPHONE: 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 FOLLOWING SPACE.

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:

BRIEF SUMMARY OF REASON FOR REQUEST

DESCRIBE THE NATURE OF THE PROBLEM INCLUDING ALL IMPORTANT FACTS. ADDITIONAL PAGES MAY BE ATTACHED.

PROPOSED RESOLUTION OF PROBLEM STATED ABOVE

DESCRIBE THE PROPOSED SOLUTION TO EACH OF THE PROBLEMS STATED ABOVE. ADDITIONAL PAGES MAY BE ATTACHED.

SIGNATURE OF PARTY REQUESTING MEDIATION

PRINT THE NAME OF THE PARTY REQUESTING MEDIATION IN THE SPACE BELOW.

PRINT THE EMAIL ADDRESS FOR THE PARTY REQUESTING MEDIATION IN THE SPACE BELOW.

The party requesting the mediation, or their representative, must sign in the space below.

BY TYPING MY NAME BELOW I AM AGREEING THAT I HAVE ELECTRONICALLY SIGNED THIS FORM ON THE DATE PROVIDED BELOW. PLEASE INCLUDE THE TITLE OF THE PERSON SIGNING ON BEHALF OF THE AGENCY.

DATE:

PROOF OF SERVICE

INFORMATION

Federal and state laws require you to send or deliver a copy of the attached document 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 the attached document by checking the appropriate box or boxes below.

This Proof of Service may be used to confirm service to more than one party.

Different methods of service may be used for different parties as needed. For example, if serving more than one school district indicate which method of service is used for each school district by checking the appropriate boxes. If one school district is served by fax, a second school district may be served by fax, U.S. mail or by any other method listed below. For each method of service used provide the indicated information for that type of service for each party served.

REQUIRED INFORMATION:

NAME OF DOCUMENT BEING SERVED:

I have provided a copy of the document identified above to all the named parties and to the Office of Administrative Hearings by the method of service identified on the following pages.

TYPE OF SERVICE

Check applicable box and provide the information indicated. (If service of more than one person or entity is included in this Proof of Service, additional sheet may be added.)

☐ **PERSONAL DELIVERY:**

NAME AND ADDRESS OF PERSON SERVED:

NAME OF PERSON PERSONALLY SERVING THE DOCUMENT AND THE DATE AND TIME OF DELIVERY:

☐ **FIRST CLASS MAIL (U.S. MAIL)**

NAME AND ADDRESS OF PERSON SERVED:

DATE MAILED:

☐ **MESSENGER OR OVERNIGHT DELIVERY SUCH AS UPS, FEDEX, OR OTHER COURIER SERVICE**

NAME OF PERSON SERVED AND ADDRESS WHERE DOCUMENT WAS DELIVERED:

NAME OF MESSENGER OR DELIVERY SERVICE USED:

DATE SERVED:

RECEIPT IS ATTACHED (CHECK BOX TO CONFIRM RECEIPT IS ATTACHED): ☐

☐ **FAX (ALSO CALLED FACSIMILE TRANSMISSION)**

NAME AND FAX NUMBER OF PERSON SERVED:

DATE AND TIME OF FAX:

☐ **EMAIL**

BY CHECKING THIS BOX I ASSERT THAT THE PERSON OR AGENCY BELOW HAS AGREED TO ACCEPT DOCUMENTS BY EMAIL.

NAME AND EMAIL ADDRESS OF PERSON SERVED:

DATE AND TIME OF EMAIL:

SIGNATURE OF PERSON COMPLETING THIS PROOF OF SERVICE

PRINT THE NAME OF THE PERSON COMPLETING THIS PROOF OF SERVICE IN THE SPACE BELOW.

The person completing this Proof of Service must sign in the space below and write the date of the signature next to the signature.

BY TYPING MY NAME BELOW I AM AGREEING THAT I HAVE ELECTRONICALLY SIGNED THIS FORM ON THE DATE PROVIDED BELOW.

DATE OF SIGNATURE: