

**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. 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.

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." As soon as the completed request has been processed you will be notified of the mediation date by email through the SFT in the form of a Notice of Mediation.

Requests for Mediation must be sent to all of the parties named in the request, and a completed Statement of Service must be provided to OAH.

Additional information is available on [OAH's website](https://www.dgs.ca.gov/OAH/Case-Types/Special-Education) at <https://www.dgs.ca.gov/OAH/Case-Types/Special-Education>.

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**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:

What grade level does student attend? For example, if student is in second grade, then write "second grade."

What is the name of the school student goes to?

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:

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 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:

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 checking the appropriate box below.

I HAVE PROVIDED A COPY OF THIS REQUEST FOR 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.

Facsimile, also referred to as Fax Transmission to the person or agency named below at the number listed below. Please include the date the document was faxed to that person or agency.

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.

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.

Signature of person completing this statement

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

The party requesting the mediation, or their representative, 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: