

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

**CERTIFICATION OF AMERICANS WITH DISABILITIES ACT-COMPLIANT  
FACILITY AND ROOMS**

This form may be used for a Local Education Agency providing facilities and rooms for special education mediations and hearings. This form is not required. If this form is not used, the Local Education Agency shall provide a comparable certification.

**MEDIATION**

**NAME OF LOCAL EDUCATION AGENCY:**

**CASE NUMBER:**

**DATE OF MEDIATION:**

**NAME AND ADDRESS OF LOCATION TO BE USED FOR MEDIATION:**

**CONTACT INFORMATION FOR LOCATION TO BE USED FOR MEDIATION:**

# **HEARING**

**DATE OF HEARING:**

**NAME AND ADDRESS OF EACH LOCATION TO BE USED FOR HEARING.**

**NAME, PHONE NUMBER AND EMAIL ADDRESS OF CONTACT FOR EACH LOCATION TO BE USED FOR HEARING.**

## **CERTIFICATION AND SIGNATURE**

On behalf of the Local Education Agency providing facilities and rooms for this Office of Administrative Hearings case, I certify under penalty of perjury of the laws of California, that each facility and room to be used in this case is fully compliant with all disability access laws, including but not limited to the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), the Rehabilitation Act of 1973 (29 U.S.C. § 794 et seq.), and the Unruh Civil Rights Act (Civ. Code, § 51 et seq.)

**NAME OF PERSON SIGNING ON BEHALF OF LOCAL EDUCATION AGENCY:**

**TITLE OF PERSON SIGNING:**

**SIGNATURE:**

**DATE OF SIGNATURE:**