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 an optional form template 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." If you wish to request only a due process hearing and not participate in mediation, please use the "Request for Hearing Only" form which may found on the OAH Website at:

https://www.dgs.ca.gov/OAH/Case-Types/Special-Education/Forms/Request-for-Hearing-Only

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.

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, known as a "FAPE" that fits each child's unique needs.

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. OAH will schedule a due process hearing after you file a Complaint with all of the required information. The attached optional Request for Due Process Hearing and Mediation form template lists all of the required information.

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

SERVING THE COMPLAINT

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. 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 Complaint to the OAH. To serve the Complaint 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 Request for Due Process Hearing and Mediation 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 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 SFT, you can mail your Request for Due Process Hearing to:

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

PLEASE READ BEFORE FILLING OUT REQUEST FOR DUE PROCESS HEARING AND MEDIATION – EXCERPTS FROM APPLICABLE FEDERAL STATUTES

The IDEA requires the Request for Due Process Hearings and Mediation, Complaint, to 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));
- "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, or the attorney representing a party, must provide to the other party a copy of the due process Complaint, along with a copy of the due process Complaint to OAH. (20 U.S.C. § 1415 (b)(7)(A)(i));
- "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; or (II) if permitted by the Administrative Law Judge. (20 U.S.C. § 1415(c)(2)(E)(i)); and
- "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))

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

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

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: (If Student is homeless, please provide available contact information)

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 Due Process Hearing and 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:

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 videoconference 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 your Complaint. Simply describing a problem in general terms, such as "School District provided Student a denied FAPE for school year 2034-2034," 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. Further information on how to write a Complaint may be accessed through the self-help section on OAH's website at

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

On the following page describe the nature of the problem including all important facts. Provide details. You may add more pages 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 pages 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:

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: