

OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA
SPECIAL EDUCATION DIVISION

**INFORMATION SHEET FOR THE OPTIONAL FORM:
REQUEST FOR MEDIATION ONLY FILED ON BEHALF OF
STUDENT**

The attached form may be used to request the Office of Administrative Hearings, referred to as "OAH," to schedule a mediation without scheduling a due process hearing. Participation in mediation is voluntary. If one of the parties does not want to participate in the mediation, then the mediation will not happen and the matter will be closed. Either party may later file a request for 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. If a party later files for a due process hearing, attorneys may participate during all stages of that hearing process.

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. If you do not do so, your mediation may not be scheduled, or it may be delayed. All required information must be provided for the request to be processed.

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

You must send your request to all of the parties you have named in the Request and provide a copy to OAH.

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](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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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:

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?

Parent Information:

NOTE: ALL OF THE INFORMATION REQUESTED BELOW IS REQUIRED IF STUDENT IS OVER THE AGE OF 18.

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."

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".

Parties to be Named by Parents or Student Filing this Request

Only public agencies, such as those listed below, may be named. Do not list individual people who may work for a public agency. The parties to be named for this case must include at least one of the following:

- School district student currently attends, will attend, or did attend;
- Charter school student currently attends, will attend, or did attend;
- County office of education, or
- Other public agencies involved in any decision regarding the student.

Please provide the name and address of the public agency or agencies with whom you wish to schedule a mediation.

Brief Summary of Reason for Request

Describe the nature of the problem(s) including all important facts. Additional pages may be added, if needed.

Proposed Resolution of Problem

Briefly describe the type of solution for each problem discussed above. Additional pages may be added, if needed.

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 and add the date on which this Request was signed.

By typing my name below I am agreeing that I have electronically signed this form on the date provided below.

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 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 or emailed 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 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 my name below I am agreeing that I have electronically signed this form on the date provided below.

Date: