OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA
SPECIAL EDUCATION DIVISION

INFORMATION SHEET FOR THE OPTIONAL FORM: REQUEST BY PARTY TO DISMISS DUE PROCESS HEARING REQUEST

General Information

This form may be used when the party that filed the original complaint wishes the Office of Administrative Hearings, referred to as "OAH," to close or "dismiss" the case which that party filed. When a case is closed it is said that the case has been "dismissed."

If you are not represented by an attorney, you may contact the case manager listed on the Scheduling Order for assistance with this form.

You must send a copy of this Request to Dismiss to all parties in your case which is called "serving" the other parties. You must also complete a Statement of Service providing the information stating how you sent it. A Statement of Service is provided at the end of this form.

Whether you use this form, a letter, or your own motion, a request to close a case must be made in writing and sent to OAH. It may be sent either through the U.S. mail at the address below or by email using the Secure e-File Transmission system, which is referred to as "SFT." The SFT may be found at https://www.applications.dgs.ca.gov/OAH/OAHSFTWeb . If sending this Request to Dismiss to OAH through SFT you will be asked to identify the type of document, you are sending. Select "correspondence."

MAILING ADDRESS

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

OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA
SPECIAL EDUCATION DIVISION

REQUEST BY PARTY TO DISMISS DUE PROCESS HEARING REQUEST

Case Information:

Student's first and last name:

Case Number:

The party who filed the above referenced case requests that OAH dismiss this case. State the name of the party requesting that this case be dismissed.

In the space below please select the reason you are asking OAH to dismiss this case. If none of the reasons provided below apply, please leave the check boxes empty and provide a brief explanation in the space provided below under "Other."

- ☐ This case settled at resolution session.
- ☐ This case settled at mediation with the assistance of the mediator.
- ☐ This case settled as a result of an agreement reached during mediation.
- ☐ This case settled outside of mediation or resolution session.
- ☐ The party who filed this case does not wish to continue with this case at this time.

OTHER

Signature of Party Requesting OAH to Dismiss this Case

By electronically signing in the space below I ask the Office of Administrative Hearings to dismiss this case, and I am agreeing that that to electronically sign this document.

Please provide your name, and the date on which this document is signed. If you are signing on behalf of a client, a school district, local education agency, or other public agency, please provide your title.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME:

DATE:

TITLE:

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: