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:

STATEMENT OF SERVICE

General Instructions

When you send or deliver a document to OAH as part of a case, federal and state laws

require you to send or deliver a copy of documents to all of the parties in that case at the

same time. This is called "serving" the other party. For example, if a School District sends a

document to OAH, the School District must also send a copy of that same document to the

parents or their representative.

To prove that you followed these laws and served the other parties in a case, you need to

complete a Statement of Service. A Statement of Service is also called a "Proof of Service."

You should always keep for yourself a copy of the document you served on the other

parties, as well as a copy of the Statement or Proof of Service.

Fill in the spaces indicated below to complete the Statement of Service.

Document this Statement of Service is For:

I have provided a copy of the document described above 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 a fax, or email to the person or agency named

below at the fax number or email address 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 form must sign in the space below and write the date of the

signature next to the signature. By typing their name the person completing this statement

is agreeing that they are electronically signing this form.