INSTRUCTIONS

This form may be completed by any party seeking state level action on a disagreement regarding identification, eligibility, evaluation, assessment or provision of early intervention services for infants and toddlers birth to 36 months of age and their families. All parties are encouraged to resolve differences locally. However, when differences cannot be resolved, voluntary impartial mediation and due process hearings are available. Persons filing this form may seek assistance in filing out this form from their child's assigned service coordinator or other regional center or local education agency representatives.

- I. PETITIONER INFORMATION Complete the information as the person authorized to initiate these proceedings. In most cases, this is the parent, surrogate parent or other legal guardian for the child who is the subject of the disagreement. It may also be a regional center or local education agency.
- II. RESPONDENT INFORMATION Provide information about the party(ies) with whom you are having the disagreement. It is critical that this information is complete and accurate. It will be used to contact the other party(ies) in this proceeding. Your child's assigned service coordinator is available to assist you in identifying the appropriate respondent(s) for the specific issue(s) in question.

III. OTHER INFORMATION

- A. Briefly state the issue(s) related to the disagreement. A written statement may also be attached.
- B. Briefly describe what you believe to be the appropriate solution to your disagreement. Again, a written statement may be attached.
- C. There are two processes available at the state level to resolve your dispute. They are the mediation conference which is voluntary and the due process hearing. The parties to the disagreement are encouraged, as a first step, to utilize the mediation process. Mediation is a voluntary impartial and non-adversarial dispute resolution process. If mediation is not successful in resolving the issue(s), the parties automatically proceed to the scheduled due process hearing. <u>Either party in these proceedings has the right to waive the mediation conference.</u> and proceed directly to the due process hearing. <u>Please indicate whether you are interested in attending a mediation conference.</u>
- D. Identify the appropriate public location that would be convenient for you to attend the conference or hearing.
- Sign and date the form.
- IV. AUTHORIZED REPRESENTATIVE (Optional) A parent, surrogate parent or other legal guardian may authorize any other person to represent their interest throughout the due process hearing. If requesting an authorized representative, both the person filing the complaint and the representative must sign this form. If not requesting an authorized representative, leave this section blank.
- V. SUBMIT ALL HEARING REQUESTS TO:

DDS Calendar Clerk

Office of Administrative Hearings 2349 Gateway Oaks Drive, Suite 200 Sacramento, CA 95833 (916) 263-0654 FAX (916) 376-6318

Upon receipt of your request, OAH will notify you of the scheduled time and location of the mediation conference and/or due process hearing which will be Conducted as follows:

- 1. The mediation conference and due process shall be conducted at a time and place reasonably convenient for the parent(s) or person filing the complaint. Both meetings must be conducted in the language of the family's choice or other mode of communication, unless clearly not feasible to do so.
- 2. The proceedings shall be conducted by an impartial person knowledgeable in the laws governing early intervention services and administrative hearings. The same administrative law judge will not be assigned to the mediation conference and the hearing.
- 3. Until an agreement is reached or a decision made, the infant or toddler will continue to receive the early intervention services currently being provided, unless the parties agree otherwise.
- 4. Any party to a mediation conference also has the right to:
 - a. Be accompanied by a representative(s) of their choice;
 - b. Present relevant information about the issue of disagreement; and
 - c. Obtain a written copy of the mediated agreement, signed by both parties.
- 5. Any party to a due process hearing has the right to:
 - a. Be accompanied by counsel and/or by individuals with special knowledge relating to the needs of infants/toddlers with disabilities;
 - b. Present evidence and confront, cross-examine, and compel the attendance of witnesses;
 - c. Prohibit the introduction of any evidence that has not been disclosed to the party at least five (5) days before the hearing;
 - d. Obtain a written or electronic verbatim transcription of the proceedings; and
 - e. Obtain written findings of fact and the decision.
- Within thirty (30) calendar days of the receipt of the written request by OAH, the mediation conference and/or the due process hearing shall be conducted and written copy of either the mediation agreement or the hearing decision shall be mailed to both parties.
- 7. The results of the hearing shall be final and binding on all parties.
- 8. Either party who disagrees with the outcome of the hearing may appeal the decision to a court of competent jurisdiction.

DUE PROCESS MEDIATION AND HEARING REQUEST

DS 1802 (Rev. 11/2006) (Electronic Version)

EARLY START PROGRAM

I. FILED BY (Auth	norized individual initi	ating request.)			
Parent	Legal Guardian	Assigned Surrogate Parent	Authorized Representative	Regional Center of	or Local Education Agency
Name of Person Fili	ng Complaint				
Address (Number a	nd Street)	(City)	(State)	(Zip Code)	Telephone Number
Name of Infant/Todd	ler who is the Subjec	t of the Request (Petitioner)		Birth Date	(Month, Date, Year)
Address (Number ar	nd Street) (If different the	an person filing complaint.) (City)	(State)	(Zip Code)	Telephone Number
If the infant/toddler is	s involved with an infa	ant development program, please give	the program name		
II. RESPONDENT	Γ INFORMATION	(Local education agency, regional cer	nter, parent or other party with whom you	ı have the disag	greement.)
1. Name/Title			Organization		Telephone Number
Address (Number	er and Street)	(City)	(State)	-	(Zip Code)
2. Name/Title			Organization		Telephone Number
Address (Numbe	er and Street)	(City)	(State)		(Zip Code)
III. OTHER INFOR	RMATION				
B. Describe your proposed solution to the disagreement (A written statement may be attached.)					
formal, impartial and		oute resolution process. While mediation aduled.	ntary mediation conference is available. on is encouraged, it is not required. If m	ediation is unsu	ccessful, a due process
D. I prefer the conference/hearing be held at the regional center or the local education agency or other appropriate public location located at:					
Address (Number ar		(City)	(State)	(Zip Code)	Telephone Number
E. Signature of Pers	son Filing Complaint			Date	
IV. AUTHORIZED	REPRESENTATIV	/F (Ontional) (The parent may author	prize another individual to represent then	 n throughout the	e formal hearing.)
I authorize,, to represent the petitioner, in this matter.					
Signature of Person	Filing Complaint			Date	
Representative's Sig	gnature			Date	
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