

**MEDIATION CONFERENCE REQUEST
DS 1808(New 6/2009)(Electronic Version)**

*Confidential Client Information
W & I Code, Sections 4514 and 5328*

EARLY START PROGRAM

I. PETITIONER INFORMATION

(Authorized individual initiating request.)

Parent Legal Guardian Assigned Surrogate Parent Authorized Representative Regional Center or Local Education Agency
Name of Person Filing Request

Address *(Number and Street)* *(City)* *(State)* *(Zip Code)* Telephone Number

Name of Infant/Toddler who is the Subject of the Request (Petitioner) Birth Date *(Month, Date, Year)*

Address *(Number and Street)* *(If different than person filing complaint.)* *(City)* *(State)* *(Zip Code)* Telephone Number

Desire for mediation conference. *(A voluntary mediation conference is available. The mediation conference is an informal, impartial and non-adversarial dispute resolution process. While mediation is encouraged, it is not required.)*
I request a mediation conference.

I request the services on an interpreter: Yes No Preferred language of choice for conference is: _____

Please indicate the method in which you would like to be notified of the MEDIATION CONFERENCE date and time.

Email Address _____ Fax (____) _____ - _____ Mailing Address (if different) _____

II. RESPONDENT INFORMATION

(Local education agency, regional center, parent or other party with whom you have the disagreement.)

1. Name/Title Organization Telephone Number
Address *(Number and Street)* *(City)* *(State)* *(Zip Code)*

2. Name/Title Organization Telephone Number
Address *(Number and Street)* *(City)* *(State)* *(Zip Code)*

III. OTHER INFORMATION

A. Describe your disagreement *(A written statement may be attached.)*

B. Describe your proposed solution to the disagreement *(A written statement may be attached.)*


C. I prefer the conference be held at the regional center or the local education agency or other appropriate public location located at:
Address *(Number and Street)* *(City)* *(State)* *(Zip Code)* Telephone Number

D. Signature of Person Filing Complaint Date


IV. AUTHORIZED REPRESENTATIVE (Optional)

(The parent may authorize another individual to represent them throughout the formal hearing.)

I authorize _____, _____, to represent the petitioner, in this matter.
(Name) *(Relationship to Petitioner)*

Signature of Person Filing Complaint Date


Representative's Signature Date


INSTRUCTIONS (DS 1808)

This form may be completed to request voluntary mediation. The purpose of the voluntary mediation is to informally and impartially resolve disagreements between families and a regional center and/or local education agency (LEA) that are related to any alleged violation of federal or state statutes or regulations governing California's Early Start Program, including eligibility and services, or that are related to a proposal or refusal for identification, evaluation, assessment, placement, or services. All parties are encouraged to resolve differences at the local level. However, when differences cannot be resolved, a complaint investigation, voluntary impartial mediation and due process hearings are available. Persons filing this form may seek assistance in filling 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. Please indicate language of choice for the mediation conference. Please indicate need for an interpreter. Please indicate the method in which you prefer to be notified.
- 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 investigation. 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. Identify the appropriate location that would be convenient for you to attend the conference.
 - D. 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 mediation process. 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 MEDIATION 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 which will be conducted as follows:

1. The mediation conference shall be conducted at a time and place reasonably convenient for the parent(s) or person filing the complaint. The meeting 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 due process hearing.
3. Until an agreement is reached, 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. Within thirty (30) calendar days of the receipt of the written request by OAH, the mediation conference shall be conducted and a written copy of mediation agreement shall be mailed to both parties.