# Background Information

|  |  |  |  |
| --- | --- | --- | --- |
| Due Process Case Number: |  | Petitioner: |  |
| Student Name: |  | Respondent: |  |
| Date LEA Received Petition: |  | Meeting Date(s): |  |

Expedited Due Process Hearing:  Yes  No

# Participants

|  |  |  |
| --- | --- | --- |
| Name | Position/Agency | Date(s) of Participation |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Outcomes

Refer to the Resolution Period and Adjustments to the Resolution Period in the *Parent Rights and Responsibilities in Special Education: Notice of Procedural Safeguards* for detailed information about timelines.

 Agreement reached, withdraw petition.

 Partial or no agreement reached – proceed to hearing.[[1]](#footnote-1)

 Partial or no agreement reached – mediation requested.[[2]](#footnote-2)

 Partial or no agreement reached – parties will continue to work on resolution until the end of the 30-

day resolution period.

 Parent failed to attend resolution meeting.[[3]](#footnote-3)

|  |  |  |  |
| --- | --- | --- | --- |
| Parent(s) Signature: |  | Date: |  |
| LEA Representative Signature: |  | Date: |  |

# Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| **LEA Representative** | | **Parent/Guardian** | |
| Name: |  | Name: |  |
| Mailing Address: |  | Mailing Address: |  |
| Phone Number: |  | Phone Number: |  |
| Email Address: |  | Email Address: |  |
| **Attorney for LEA**, if applicable: | | **Attorney for Parent**, if applicable: | |
| Name: |  | Name: |  |
| Mailing Address: |  | Mailing Address: |  |
| Phone Number: |  | Phone Number: |  |
| Email Address: |  | Email Address: |  |

# Agreement

The Petitioner and Respondent agree to the following:

*(List items of agreement below. If additional items, please attach.)*

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

# Understanding

The parties understand that:

 This resolution settlement agreement is voluntary, legally binding, and enforceable by the NC

Department of Public Instruction or in any State court of competent jurisdiction or in a district court of

the United States.

 Any party signing below may void this agreement by sending a written, signed, dated statement, which

is received by the other party within three (3) business days of the last date signed below.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent(s) Signature: |  | Date: |  |
| LEA Representative Signature: |  | Date: |  |

# Withdraw Request for Hearing

*If agreement is reached on all issues and the petitioner wishes to withdraw the petition, this section* ***must*** *be completed.*

 I agree that all issues in the request for a due process hearing have been resolved. Please withdraw the

petition for a hearing.

|  |  |  |  |
| --- | --- | --- | --- |
| Petitioner Signature: |  | Date: |  |
| Petitioner Signature: |  | Date: |  |

**This form must be completed and faxed/emailed to:**

Office of Administrative Hearings NCDPI – EC Division

Attn.: Chief Hearing Clerk Attn.: Due Process Coordinator

(984) 236-1871 [Due\_Process@dpi.nc.gov](http://Due_Process@dpi.nc.gov)

[Oah.clerks@oah.nc.gov](mailto:Oah.clerks@oah.nc.gov)

1. 45-Day hearing period begins immediately. [↑](#footnote-ref-1)
2. Mediation must be held before the end of the 30-day resolution period. Complete Resolution Meeting and Mediation Request forms. [↑](#footnote-ref-2)
3. LEA must submit documentation of attempts to meet. [↑](#footnote-ref-3)