# **Background Information**

|  |  |  |  |
| --- | --- | --- | --- |
| OAH Case Number: |  | Petitioner: |  |
| Student Name: |  | Respondent: |  |
| Date(s) of Resolution Meeting: |  | Location: |  |

Expedited Due Process Hearing:  Yes  No

# **Decision**

 Parent agrees to attend a resolution meeting

 with an attorney  without an attorney

 **Both** the Petitioner and Respondent agree to

 waive a resolution meeting[[1]](#footnote-1)

 waive a resolution meeting and participate in mediation[[2]](#footnote-2)

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

 Parent refuses to participate in resolution meeting.[[3]](#footnote-3)

# **Contact Information**

# *Must include names and contact information for both parties. Missing information may delay the process.*

|  |  |  |  |
| --- | --- | --- | --- |
| **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: |  |

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

Office of Administrative Hearings NCDPI – EC Division

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

(919) 431-3100 (984) 236-2693

1. Signatures required. [↑](#footnote-ref-1)
2. Signatures required. The LEA must complete this form and a Mediation form and fax to the EC Division Mediation Coordinator at 984-236-2693. *Incomplete or missing forms may delay the mediation process.* [↑](#footnote-ref-2)
3. The LEA must document efforts to gain parent participation. [↑](#footnote-ref-3)