**ALTERNATIVE DISPUTE RESOLUTION REQUEST**

**Request/Consent to Mediation**

I/We request that the New Mexico Public Education Department’s Special Education Division (SED) appoint a state-funded special education mediator to convene a special education mediation session regarding the following issues for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a student at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (school/district, state charter school, or public agency).

I/We understand that:

* The SED will assign the mediator on a rotational basis from its approved list.
* Mediation is a voluntary and confidential process.
* Mediation sessions are **not** IEP meetings and the student’s full IEP team will not be at a mediation session.
* The mediator may not be called as a witness in a judicial, administrative, or arbitration proceeding concerning the student at any time before, during, or after the mediation.
* If the parties reach a written mediated agreement, the following rules apply:
	+ The mediated agreement must state that all discussions that occurred during the mediation process will remain confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding.
	+ If the mediated agreement concerns IEP issues, the agreement must state that the school or public agency will convene the IEP team to revise the student’s IEP or develop an IEP amendment to inform the student’s service providers of their responsibilities under the mediated agreement.
	+ The written mediated agreement must be signed by the parent and a representative of the public agency who has authority to bind the agency.

We are requesting and consent to (**select one**):

\_\_\_\_\_\_\_ Third Party Assisted Intervention (Mediation requested without the filing of a state complaint or due process hearing request).

\_\_\_\_\_\_\_ Mediation (Mediation requested in connection with a pending state complaint or due process hearing request). Please identify the case number of the pending state complaint or due process hearing request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The case number of the pending state complaint or due process hearing request is \_\_\_\_\_\_\_\_\_\_.

Please state the reasons/issues for which you are requesting mediation:

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Please state your proposed solution to the extent known.

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Name of Requesting Party: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent of Non-Requesting Party:**

I hereby consent to Mediation as requested by the above referenced party:

Name of Non-Requesting Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address of Non-Requesting Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail, Email, or Fax ADR Form to:**

Kameron Morris, Alternative Dispute Resolution Coordinator

Office of General Counsel

New Mexico Public Education Department

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