

**REQUEST FOR MEDIATION**

We, the undersigned, request that a mediator be assigned to assist in resolving disagreements in the following issue(s):

We have reviewed the procedures governing mediation in early intervention in Florida and understand that it is a voluntary process and not a requirement.

We agree to approach the session in an attempt to resolve our differences in a mutually satisfactory way and in the best interests of the child.

We understand that by voluntarily entering into mediation, neither party waives the right to due process.

We understand that the mediation session is confidential and agree not to compel the attendance of the mediator in future proceedings.

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| --- | --- |
| **AGENCY INFORMATION** | **PARENT INFORMATION** |
| **Local Early Steps** | **Child’s Name** |
|  |  |
| **Local Early Steps Representative (Print)**    **Address** | **Parent Name (Print)**    **Address** |
|  |  |
| **City State Zip** | **City State Zip** |
| **Phone (       )** | **Phone (** **)** **(Home)** |
|  |  |
|  | **Phone (       )       (Work)** |
|  |  |
|  | **Best time/place to call** |
|  |  |
| **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Submit to: Department of Health

Children’s Medical Services/Early Intervention Unit

4052 Bald Cypress Way

Bin #A06

Tallahassee, FL 32399-1707

Copy: Local Early Steps

Parent/Guardian

*There must be impartial procedures for resolving individual child complaints (34 CFR 303.420).*