

<b>Background Information</b>
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Due Process Case Number:		Petitioner:	
Student Name:		Respondent:	
Date LEA Received Petition:		Meeting Date(s):	

Expedited Due Process Hearing:  Yes  No

<b>Participants</b>
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Name	Position/Agency	Date(s) of Participation

<b>Outcomes</b>
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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.<sup>1</sup>
- Partial or no agreement reached – mediation requested.<sup>2</sup>
- 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.<sup>3</sup>

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

<b>Contact Information</b>
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LEA Representative		Parent/Guardian	
Name:		Name:	
Mailing Address:		Mailing Address:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	

<sup>1</sup> 45-Day hearing period begins immediately.

<sup>2</sup> Mediation must be held before the end of the 30-day resolution period. Complete Resolution Meeting and Mediation Request forms.

<sup>3</sup> LEA must submit documentation of attempts to meet.

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 to:**

Office of Administrative Hearings  
Attn.: Kim Hausen  
(919) 431-3100

NCDPI – EC Division  
Attn.: Due Process Coordinator  
(919) 807-3755