



Robert Moser, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

**PART C INFANT-TODDLER SERVICES
REQUEST FOR MEDIATION**

1. **Parent(s) Name:** _____
Address: _____
City/State/Zip: _____
E-mail address: _____
Phone Number(s): _____

2. **Part C Local Lead Agency:** _____
Address: _____
City/State/Zip: _____
Contact Name: _____
Phone Number(s): _____

3. **Child for whom mediation is requested:** _____

4. **Date of Birth:** _____

5. **Has a due process hearing been requested?** Yes No

6. **Has a hearing been scheduled?** Yes No **If yes, please enter the date:** _____

Please indicate preferred dates and times you are available for a mediation session:

7. **Preferred Dates:** _____

8. **Why are you requesting mediation (add additional pages if needed):**