Aging and Disability Services Division
IDEA Part C

Mediation Withdrawal Form

Anyone can stop mediation at any time by filling out this Mediation Withdrawal Form. Stopping mediation does not take away your right to try other ways to resolve the issue under Individuals with Disabilities Education Act (IDEA).

Please fill out this form. Only one person involved in the mediation process needs to complete it.

The completed form can be sent to Part C staff to the assigned Mediator.

Date:

Parent Name:

Mailing Street Address:

City/State/Zip Code:

Dispute Resolution Number:

Child's Name:

Child's Date of Birth:

To:
(Name of Part C Liaison or Mediator)

IDEA Part C Office Mailing Address:

Aging and Disability Services Division
IDEA Part C Office
680 W. Nye Lane, Suite 102
Carson City, NV 89703

I would like to be removed from the mediation process. Mediation was requested for on

I understand that this will not change any of my rights.

Name of Person Completing the Form:

Relationship to Child:

Clear Form

Aging and Disability Services Division
IDEA Part C

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This section to be completed by Mediation Coordinators or Mediator

Date Mediation Withdrawal Form Received:

Date All Parties Notified:

Signature of Part C Staff or Mediator:

Date of Signature: