



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.

AGENCY INFORMATION			PARENT INFORMATION		
Local Early Steps			Child's Name		
Local Early Steps Representative (Print)			Parent Name (Print)		
Address			Address		
City	State	Zip	City	State	Zip
Phone ()			Phone () (Home)		
			Phone () (Work)		
			Best time/place to call		
Signature _____			Signature _____		
Date _____			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).