STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION

*CERTIFICATION IN LIEU OF AFFIDAVIT OR NOTORIZED STATEMENT OF PETITIONER SEEKING EMERGENT RELIEF

To: Director

Office of Special Education (OSE)
NJ Department of Education
P.O. Box 500
Trenton, NJ 08625-0500
Email:osepdisputeresolution@doe.nj.gov
Phone: 609-376-9061

The ***entire request*** must be submitted to the OSE and one copy of the entire request must be also submitted to the school district responsible for your child. The request may be submitted to the OSE by email or through mail.

PLEASE NOTE: You may attach additional pages in PDF form to the email. Adobe Acrobat Reader is a document reader software that is available for free download at: https://get.adobe.com/reader/.

I _____, **of full age, certify as follows**:

(Full Name of Petitioner)

1. I am the (Check off what applies):

☐ **Adult Student** ☐ **Parent** ☐ **Legal Guardian** ☐ **Attorney** ☐ **Advocate of**

_____
(Full Name of Minor Student or School District)

2. I make this Certification in support of my Request for Emergent Relief, which is attached to this Certification.

3. I understand that pursuant to regulations promulgated by the Department of Education (N.J.A.C. 6A:14-2.7(r)) and the Office of Administrative Law (N.J.A.C. 1:6A-12.1)

4. I believe I am entitled to Emergent Relief because the contested matter involves one or more of the following issues: (Check all that apply)

☐ Issues involving a break in the delivery of services;
☐ Issues concerning placement pending the outcome of due process proceedings;
☐ Issues involving graduation or participation in graduation ceremonies.

*Pursuant to N.J. Court Rules, 1969, R. 1:4-4(b)

5. I understand that pursuant to N.J.A.C. 1:6A-12.1 Emergent Relief may be granted if the Administrative Law Judge determines from the evidence that:

a. The petitioner will suffer irreparable harm if the requested relief is not granted;
b. The legal right underlying the petitioner's claim is settled;
c. The petitioner has a likelihood of prevailing on the merits of the underlying claim; AND
d. When the equities and interests of the parties are balanced, the petitioner will suffer greater harm than the respondent if the requested relief is not granted.

6. ☐ **I have completed the Request for Emergent Relief and provided the New Jersey Department of Education with the relevant information required on the Request for Emergent Relief.**

7. I have provided a completed and signed copy of my Request for Emergent Relief to the Respondent (Opposing Party)

_____

Name of Respondent (Please Print)

***Please Note**: If you are/or represent the Parent or Guardian, you must provide a copy to the Superintendent of the student's school district of residence. If you represent the School District, you must provide a copy to the attorney/parent or guardian/adult student.*

Full Address of Respondent:	**Date Submitted to Respondent:**

I certify that the foregoing statements made by me are true. I am aware that I am subject to punishment if any of the foregoing statements made by me are willfully false.

_____Date_____

(Petitioner's Signature)

*Pursuant to N.J. Court Rules, 1969, R. 1:4-4(b)