

Request for Due Process Hearing/Mediation

DATE: _____

For School District Use Only

Date received by the School
District:

Notice to the School District

TO: _____, Director of Special Education

School District Address

FROM:

Parent(s) Name

Address

City, State Zip

(____)____-____ home and/or (____)____-____ work
Phone Number(s)

Please check whether you will be represented by an attorney or assisted by an advocate.

____ Attorney or ____ Advocate

Name of Attorney or Advocate

Address

City, State Zip

(____)____-____ Phone Number (____)____-____ Fax Number

I/we are requesting: _____ Due Process Hearing
_____ Expedited Hearing based on Suspension/Expulsion or Manifestation
_____ Determination Review
_____ Mediation

