

## Due Process Hearing Request

The Individuals with Disabilities Education Act (IDEA) provides for due process hearings to resolve disputes relating to the identification, evaluation, placement, or the provision of a free appropriate public education (FAPE) to a child with a disability. This form has been designed to assist you in filing a due process hearing request. You are not required to use this form; however, information with an asterisk is required and must be provided.

Hearing Requested By:  Parent(s)  School District/Local Education Agency

Is this a request for an expedited due process hearing involving a disciplinary matter?  Yes  No

A parent may request an expedited hearing **only** when the parent disagrees with a placement for disciplinary removals or with a manifestation determination. A district may request an expedited hearing **only** when the district believes that maintaining the current placement is substantially likely to result in injury to the student or others.

### 1. Student Information

\*Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (mm/dd/yyyy)

\*Address (or contact information if homeless): \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Name of School the Student Attends: \_\_\_\_\_

\*Name or Number of School District of Parent's Residence: \_\_\_\_\_

### 2. Complainant Information

\*Name (Parent or District): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 3. Attorney (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Office: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**A. \*Description of the Problem:** Why are you requesting a hearing? Please describe the nature of the problem. Include facts such as relevant dates, events, and documents. (This should describe a problem that has occurred within the last two years.) *Attach seperate page if needed.*

**B. \*Proposed Resolution:** Please describe what you believe would be a possible solution to the problem. (What do you want to accomplish by requesting this hearing?) *Attach seperate page if needed.*

**If a district requests a hearing:** Attach a copy of the current or proposed IEP, evaluation plan, any relevant progress information, prior written notice, and a statement of the basic procedures and safeguards for due process hearings.

#### 4. Notice of Complaint

**\*You are required to provide a copy of this due process hearing request to the other party (District or Parent).** Retain a copy for your records.

Date Hearing Request sent to the District or Parent: \_\_\_\_\_

#### 5. Signature of Party Requesting Due Process Hearing

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

#### 6. Parent/Student E-mail permission

I permit the Minnesota Department of Education (MDE) and the Hearing Officer to share information with me, including hearing notices and decisions, via electronic mail. I understand that electronic mail may not be a secure method of communication and release MDE and the Hearing Officer of any inadvertent breach of private data.

\_\_\_\_\_  
Parent (or Student if 18) Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions concerning due process hearings or this form, please contact:

Minnesota Department of Education  
Division of Compliance and Assistance  
Due Process Hearing Coordinator  
1500 Highway 36 West, Roseville, MN 55113-4266  
Phone: 651-582-8518 Fax: 651-582-8613 TTY: 651-582-8201

**Please mail or fax this form or request to the above address or fax number.**

# Due Process Hearing Request Form Guidance

## Written Form

Requests for due process hearings must be in writing. The due process hearing request form includes the legally required information, noted with an asterisk (\*), that must be included in all hearing requests.

## Complete Notice

The required information must be completed, signed, and returned to the Minnesota Department of Education (MDE) with a copy of the hearing request sent to the opposing party (District or Parent).

Failure to provide a complete notice may result in a denial or delay in the due process hearing if the other party notifies the hearing officer in writing of an objection to the sufficiency of the hearing request notice within 15 days of receipt.

## Expedited Hearing Request

Either a parent or a district may request an expedited hearing involving a special education disciplinary matter.

## Questions

Questions related to hearing requests can be directed to the MDE Due Process Hearing Coordinator at 651.582.8518.

## Specifics

**Hearing Requested By.** Check one of these boxes so that it is clear who is requesting the hearing.

**Student's Birthdate.** The child's age is important for determining whether the hearing is to operate pursuant to Part C or B of IDEA.

**Attorney.** If an attorney is involved, it is important to ensure communication with the attorney.

*Applicable Citations:* 34 C.F.R. § 300.507 – § 300.509

*Additional Resources:* Additional information regarding due process hearings, including timelines and procedures, can also be found within the Notice of Procedural Safeguards available at <http://education.state.mn.us> > Select Students and Families > Special Education > Parental Rights.