



**DUE PROCESS HEARING
REQUEST NOTICE**

To initiate a special education due process hearing, you must send this completed form to the school district or parent(s) **and** to the MN Department of Education, Due Process Hearing Coordinator at 1500 Highway 36 West, Roseville, MN, 55113. It can be faxed to MDE at 651-582-8613. Keep a copy for your records.

Hearing Requested By (Check appropriate box): Parent(s), or District.

Child's Date of Birth: _____ Child's Primary Disability: _____

*Child's Name: _____ Parent's Name: _____

*Child's Address (or contact information if homeless): _____ Parent's Address, Phone, and E-mail: _____

*Name of School Attending: _____ School District: _____

Director of Special Education's Name, Address, and E-mail: _____

Attorney's (if represented) Name, Address, and E-mail: _____

Parents: Are you requesting an expedited hearing because you disagree with: a manifestation determination, an interim alternative educational placement, or a change in placement due to disciplinary or safety reasons? _____

District: Are you requesting an expedited hearing in order to protect the Student or others from injury? _____

* All information with an asterisk (*) is required and must be provided.

*Why are you requesting a hearing? Please specify the nature and facts of your complaint. (This should describe a violation that has occurred within the last two years.)

*If you are aware of a possible solution to the problem, please describe the solution here (what do you want to accomplish by requesting this hearing?):

Notice to Filing Party

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. If you have questions about the requirements for this request notice, please contact the MDE Due Process Hearing Coordinator at 651.582.8689.

This due process hearing request notice may only be amended if: 1) the other party agrees and is given the opportunity to resolve the complaint in a resolution session or mediation, or 2) the hearing officer grants permission to amend. An amended due process hearing request notice will result in the applicable timelines beginning anew.

Parent/Student E-mail permission

I permit the Minnesota Department of Education 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

Date received by district or parent(s)

Date received by MDE:

This form is available in several languages, Braille, or other formats. Contact MDE.

651-582-8689

(to be completed by recipient only)

(to be completed by MDE only)