

REQUEST FOR DUE PROCESS PROCEEDINGS

Federal law allows a parent or an attorney representing a child the right to a due process hearing if the parents have a disagreement regarding the referral, evaluation, classification or placement of their child or the provision of special education services.

- All requests for a due process hearing, also known as an impartial hearing, must be submitted in writing.
- When a due process hearing is requested by the parent, the parent must agree to meet with the school district to try to resolve the problem before the hearing begins. This meeting, called a Resolution Session, must occur within 15 days after the school district receives the parent's due process complaint notice. However, the parent and the school district may agree to pursue mediation to resolve the problem or may agree to proceed with the impartial hearing, rather than have a Resolution Session.
- For additional information on special education and the [Procedural Safeguards Notice](http://www.p12.nysed.gov/specialed/publications/home.html), please refer to : <http://www.p12.nysed.gov/specialed/publications/home.html>.

Instructions for mailing a request for an Impartial Hearing:

- Complete the both sides of this form and make TWO copies of the original, as well as any additional sheets you added to explain either the problem or proposed solution. Make sure the child's name, date of birth and student I.D. number appears on all documents submitted.
- Send original to: Impartial Hearing Office
131 Livingston Street, Room 201
Brooklyn, New York 11201
Fax #: (718) 391-6181
Email: ihquest@schools.nyc.gov
- Send copy to: New York State Education Department, P-12
Office of Special Education
89 Washington Avenue – Room 309 EB
Albany, New York 12234
- Please keep one copy for your own records.

Check only 1 of the first 3 boxes:

- ☐ I request an Impartial Hearing be scheduled.
☐ I request Mediation.
☐ I request an Impartial Hearing, but request Mediation instead of the Resolution Session.

Check below if either or both statements apply:

- ☐ There is another due process complaint in process for this student.
☐ There was another due process complaint for this student withdrawn in the past 12 months.

• REQUEST FOR DUE PROCESS COMPLAINT NOTICE

*Student's Name _____ NYC Student I.D. (OSIS) _____

*Student Address _____ *City/State _____ Zipcode _____

Student's Date of Birth: ____/____/____ ☐ Check here if student is Homeless, in a Correctional Institution, or in Foster Care

Student attends (check one): ☐ Public School ☐ Charter School ☐ Private School District# _____

CONTINUE ON OTHER SIDE

All asterisked (*) information on both sides of this form **must be included** when you submit a request for an impartial hearing. If you or your attorney, do not include the asterisked (*) items on this form, it may result in the denial or delay of a resolution session and/or a due process hearing and the reduction of attorney's fees awarded by a court. If the district believes the notice is not sufficient (does not fully provide the required content information), the district can notify the appointed impartial hearing officer and you in writing within 15 days of receipt of this notice. The impartial hearing officer must decide if the notice is sufficient within five days of the sufficiency request and notify both parties in writing.

REQUEST FOR DUE PROCESS PROCEEDINGS *continued*

Re-enter name of student: _____

*Name of School Student is attending: _____

Address of School _____ Zipcode _____

Date of Current IEP: ____/____/____ IEP Developed by District #: _____

Contact Information for Parent or Guardian

Name of Parent or Legal Guardian: _____

Address (if different than student's address) _____

City, State _____ Zip code _____

(If this address is different from student's school records, please go to the school and correct address. Filing this request does not change the student's records at the school).

E-mail address: _____

☐ Check here if you want notice of scheduled hearings by E-mail

Telephone: *[All calls will be made between the hours of 8 a.m. & 5 p.m. Please check the box next to the preferred contact number.]*

☐ Home: (____) _____ ☐ Cellular: (____) _____

☐ Work: (____) _____ ☐ Other: (____) _____

Primary Language in the home: ☐ English ☐ Other (specify): _____

☐ Check here if you will need a translator at the proceeding; and then please specify the language: _____

☐ Check here if you will need a sign language interpreter at the proceeding.

Problem and Proposed Solution to the Described Problem

*Describe the problem (the concerns relating to the disagreement between you and the district, please include specific facts). *If more space is needed, attach additional paper.* _____

*Describe proposed solution to the above problem. *If more space is needed, attach additional paper.* _____

SIGNATURE OF PERSON COMPLETING THE FORM

DATE

RELATIONSHIP TO STUDENT: ☐ Parent /Legal Guardian ☐ Attorney ☐ Other (specify) _____ *Note: If you checked "Attorney" or "Other, please provide the contact information below. Please note that information on this case will only be discussed with persons in a parental relationship unless the attorney has submitted a Notice of Appearance or, if "Other", a confidentiality release form has been signed and submitted by the parent or legal guardian identifying the person with whom the NYC DOE staff can discuss the matter.*

Other or Attorney Contact Information

Name _____ Telephone _____

Address _____ Zip Code: _____

Email Address _____