



DUE PROCESS HEARING REQUEST FORM
 This form may be used to file a process hearing request.

Please send to:

Date of receipt by MDOE:

Dispute Resolution Office
 Office of Special Services and Inclusive Education
 Maine Department of Education
 23 State House Station
 Augusta, ME 04333-0023
 Email: dueprocess.doe@maine.gov
 Fax: (207) 624 - 6641

Are you willing to participate in mediation? Yes No
 (Mediation will not interfere with the timeline for a hearing)

1. Name of person requesting a due process hearing: _____
 (Required) (please print)

Please check one:

- Parent Adult Student (18 or older) School District/CDS Surrogate Parent
 Guardian Attorney for District/CDS Attorney for child Interested Party

2. Contact Information:

Parent #1 (Required)

Name	
Address	
City	
State/Zip code	
Email	
Home Phone	
Cell phone	

Parent #2 (Optional)

Name	
Address	
City	
State/Zip code	
Email	
Home Phone	
Cell phone	

3. Child's Information (*Required; other items are optional)

Child's Name*	
Date of Birth	
List Disability	
Child's residence*	
Home phone	
School district/CDS site	
School/ program*	
Grade/Level	
Address of program	

Does the child have a current IEP? Yes No

Is the Child tuitioned to the school/program listed above? Yes No

If yes, which town or district is responsible? _____

Will the parent(s)/adult student be represented by an attorney or advocate in this complaint investigation? Yes No

4. Attorney/Advocate's Information (Optional)

Name of Attorney/Advocate	
Address	
City	
State/Zip code	
Email address	
Phone number	
Fax number	

5. Description of the issue(s): (Required)

Note: Federal law requires that you completely and accurately describe the reason(s) you are asking for a hearing and the outcome you are seeking. Please be as complete as possible including dates, names, and places when appropriate, as well as all the issue(s) you want the hearing officer to address, and the facts relating to those issues. **Failure to provide complete information may result in a challenge to the sufficiency of the hearing request.** (use additional pages if needed).

6. How could this problem be resolved? (Attach additional pages if necessary)

This form must be mailed to the Maine Department of Education, DRO, 23 State House Station, Augusta, ME 04333, or faxed to 207-624-6641, or emailed to dueprocess.doe@maine.gov. At the same time, you must send a copy to the school district Superintendent. Please sign below that you are complying with this requirement.

I certify that I am sending this hearing request to the Maine Department of Education and at the same time, I am sending a copy to the school district Superintendent. **(Required)**

Signature

Signature of individual submitting request (Required)

Signature

Date

Print Name

Please note: If the individual submitting this request is an adult student (18 years of age or older) and no longer under a parent's legal guardianship, the form must be signed by the adult student, not their parent.

For additional information or assistance, you may wish to contact:

- The superintendent or special education director of the school district or CDS site board chair or regional CDS site director.
- The MDOE, Dispute Resolution Office-telephone: 207-624-6644 fax: 207-624-6641 Maine Relay 711 or email: dueprocess.doe@maine.gov
- The Maine Parent Federation (MPF) 800-870-7746

Note to parents requesting a due process hearing: Amendments to state and federal laws concerning special education services for children with disabilities require parents or their attorneys to provide information contained within this form to the State Department of Education and the local school district. Failure to provide this information may result in a reduction in the award of any attorney fees (20 USC §615(b)(7) and §615(i)(3)(F) and Title 20-A MRSA §7207-B(3-A)).

The Maine Department of Education provides equal opportunity in its programs and services. If you need accommodations, please contact the Dispute Resolution Office, at 207-624-6644, Maine Replay 711 or email: dueprocess.doe@maine.gov

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