



### EXPEDITED DUE PROCESS HEARING REQUEST FORM

This form may be used to file an expedited due process hearing request.

**Expedited hearings are reserved for issues involving disciplinary change of placement, manifestation determination, or if maintaining the current placement is substantially likely to result in injury.**

**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](mailto: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)**

<b>Child's Name*</b>	
Date of Birth	
List Disability	
<b>Child's residence*</b>	
Home phone	
School district/CDS site	
<b>School/ program*</b>	
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 of 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](mailto: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 expedited 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](mailto: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](mailto:dueprocess.doe@maine.gov)**

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