



**DUE PROCESS HEARING REQUEST FORM**

This form may be used to file a process hearing request.

Please send to: Due Process Office  
 Office of Special Services  
 Maine Department of Education  
 23 State House Station  
 Augusta, ME 04333-0023

Date of receipt by MDOE:

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

1. Name of person requesting hearing: \_\_\_\_\_  
 (please print)

2. Please check one:

Parent <input type="checkbox"/>	Attorney for school/CDS <input type="checkbox"/>
Student (if 18 or older) <input type="checkbox"/>	Attorney for parent/child <input type="checkbox"/>
School district/CDS board <input type="checkbox"/>	Guardian* <input type="checkbox"/>
Individual with whom the child lives and who is acting in place of the parent <input type="checkbox"/>	
Person appointed by court to make educational decisions* <input type="checkbox"/>	
Educational surrogate parent* <input type="checkbox"/>	

\*must attach copy of appointment

3. Contact Information:

Parent#1(required information)

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

Parent #2 (required information)

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

4. Child's information

Child's Name
Date of Birth
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 Due Process hearing? Yes  No

If yes, please provide the attorney/advocate information below.

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

5. Description of the issue(s):

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. This includes a description of the child's special needs. Please describe the child, the child's IEP/IFSP or educational program and the reason(s) you are requesting a hearing. 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)

**7. This form must be mailed to the Maine Department of Education, DPO, 23 State House Station, Augusta, Me 04333 or faxed to 207-624-6641. 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.

\_\_\_\_\_  
*Signature*

**8. Signature of individual submitting request**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

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 his or her 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, Due Process Office-telephone: 207-624-6644 fax: 207-624-6641 Maine Relay 711 or email: [katherine.chadwick@maine.gov](mailto:katherine.chadwick@maine.gov)
- The Maine Parent Federation (MPF) 800-870-7746

**Note to parents requesting a due process hearing:** Recent 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 State of Maine Department of Education provides equal opportunity in its programs and services. If you need accommodations, please contact the Due Process Secretary Associate, Katherine Chadwick at 207-624-6644, Maine Replay 711 or email: [katherine.chadwick@maine.gov](mailto:katherine.chadwick@maine.gov)**

Due Process Office  
Department of Education  
#23 State House Station  
Augusta, ME 04333-0023  
Voice: 207-624-6644  
Fax: 207-624-6641  
TTY: MAINE RELAY 771