

**OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA
SPECIAL EDUCATION DIVISION**

**INFORMATION SHEET FOR THE OPTIONAL FORM:
REQUEST FOR DUE PROCESS HEARING ONLY REQUESTED
ON BEHALF OF SCHOOL DISTRICT OR OTHER PUBLIC
AGENCY**

Attached is a form that you may use to request the Office of Administrative Hearings, also referred to as "OAH," to schedule a due process hearing on behalf of a school district local education agency, or other public agency, without the ability to request a mediation.

This request is also called a "complaint." If you wish to request a hearing with the option to request a mediation please use the form "Request for Due Process Hearing and Mediation."

Please provide correct and complete information. Failure to provide complete and correct information may delay the opening of the case or cause your request to be returned.

As soon as the completed complaint has been processed you will be notified of the due process hearing date by email through the SFT in the form of a Scheduling Order.

**DUE PROCESS HEARINGS UNDER THE INDIVIDUALS WITH
DISABILITIES EDUCATION IMPROVEMENT ACT OF 2004**

The Individuals with Disabilities Education Improvement Act of 2004, which is known as "IDEA," provides for mediation and due process hearings to resolve special education disputes. The purpose of the IDEA is to help ensure that children with disabilities receive a free and appropriate public education that fits each child's unique needs. A "free and appropriate public

education” is usually referred to as a “FAPE.” To have a due process hearing scheduled a complaint must contain all of the appropriate information. The IDEA has very specific requirements regarding the information which must be included in a complaint. The attached optional Request for Due Process Hearing Only lists all of the necessary information.

If the information is incomplete, your request for a due process hearing may be delayed until the all of the necessary information has been provided, or the complaint will be returned to you.

Your request must be sent to all of the parties.

For school districts, local education agencies, or other public agencies, all documents must be sent to OAH through the Secure e-File Transfer system, which is referred to as “SFT.” Additional information, and the SFT system, may be accessed through [OAH’s website](https://www.dgs.ca.gov/OAH/Case-Types/Special-Education) at <https://www.dgs.ca.gov/OAH/Case-Types/Special-Education>.

PLEASE READ BEFORE FILLING OUT REQUEST FOR DUE PROCESS HEARING ONLY – EXCERPTS FROM APPLICABLE FEDERAL STATUTES

The Request for Due Process Hearing Only (Complaint) shall include:

- “the name of the child, the address of the residence of the child (or available contact information in the case of a homeless child), and the name of the school the child is attending” (20 U.S.C. § 1415 (b)(7)(A)(ii)(I));”
- “a description of the nature of the problem of the child relating to such proposed initiation or change, including facts relating to such problem.” (20 U.S.C. § 1415(b)(7)(A)(ii)(III));

- “a proposed resolution of the problem to the extent known and available to the party at the time.” (20 U.S.C. § 1415 (b)(7)(A)(ii)(IV));
- “a party may not have a due process hearing until the party, or the attorney representing the party, files a notice that meets the requirements of subparagraph (A)(ii).” (20 U.S.C. § 1415 (b)(7)(B));”
- “[The complaint] shall be deemed to be sufficient unless the party receiving the notice notifies the hearing officer and the other party in writing that the receiving party believes the notice has not met the requirements of subsection (b)(7)(A).” (20 U.S.C. § 1415 (c)(2)(A));
- “...the hearing officer shall make a determination on the face of the notice whether the notification meets the requirements...and shall immediately notify the parties in writing of such determination.” (20 U.S.C. § 1415 (c)(2)(D));
- A party may amend its Complaint only if: (I) the other party consents in writing and a Resolution Session is held; or (II) if permitted by the Administrative Law Judge. (20 U.S.C. § 1415 (c)(2)(E)(i))
- “The applicable timeline for a due process hearing under this subchapter shall recommence at the time the party files an amended notice...” (20 U.S.C. § 1415(c)(2)(E)(ii))

OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA
SPECIAL EDUCATION DIVISION

**REQUEST FOR DUE PROCESS HEARING ONLY REQUESTED
ON BEHALF OF SCHOOL DISTRICT OR OTHER PUBLIC
AGENCY**

STUDENT'S INFORMATION:

STUDENT'S FIRST AND LAST NAME:

STUDENT'S BIRTHDATE:

STUDENT'S MAIN LANGUAGE:

STUDENT'S ADDRESS, INCLUDING THE STREET ADDRESS, CITY AND ZIP CODE:

STUDENT'S GRADE LEVEL. FOR EXAMPLE, IF STUDENT IS IN SECOND GRADE, THEN WRITE "SECOND GRADE."

NAME OF THE SCHOOL STUDENT GOES TO:

STUDENT'S SCHOOL DISTRICT OF RESIDENCE:

PARENT INFORMATION:

All of the information requested below is required if student is under 18 years of age.

For each parent to be included as a party to this Request for Due Process Hearing Only, please write the information in the space below. If the student has a legal guardian or an educational rights holder then please put their name and information under the Parent Number 1 section, and add either "legal guardian" or "educational rights holder" after their name.

FIRST PARENT INFORMATION:

FIRST AND LAST NAME FOR PARENT NUMBER 1:

PHONE NUMBERS FOR PARENT NUMBER 1:

Cell Phone:

Work Phone:

Home Phone

HOME ADDRESS FOR PARENT NUMBER 1, INCLUDING THE STREET ADDRESS, CITY AND ZIP CODE:

IF AN INTERPRETER IS NEEDED FOR PARENT NUMBER 1, PLEASE STATE THE LANGUAGE IN THE SPACE BELOW. FOR EXAMPLE, IF PARENT NUMBER 1 NEEDS A SPANISH INTERPRETER, PLEASE WRITE "SPANISH" IN THE SPACE BELOW.

SECOND PARENT INFORMATION, TO BE COMPLETED ONLY IF THERE IS A SECOND PARENT:

FIRST AND LAST NAME FOR PARENT NUMBER 2:

PHONE NUMBERS FOR PARENT NUMBER 2:

Cell Phone:

Work Phone:

Home Phone:

HOME ADDRESS FOR PARENT NUMBER 2, INCLUDING THE STREET ADDRESS, CITY AND ZIP CODE:

IN AN INTERPRETER IS NEEDED FOR PARENT NUMBER 2, PLEASE STATE THE LANGUAGE IN THE SPACE BELOW. FOR EXAMPLE, IF PARENT NUMBER 2 NEEDS A SPANISH INTERPRETER, PLEASE WRITE "SPANISH" IN THE SPACE BELOW.

EMAIL ADDRESSES FOR ALL VIDEOCONFERENCE PARTICIPANTS

IDENTIFY THE SPECIFIC PROBLEMS OR COMPLAINTS:

Federal and state law require you to describe in detail the nature of the problem or problems you want included in this complaint. Simply describing a problem in general terms, such as “parents does not agree with the proposed plan,” is not enough. You must include facts, dates, references to specific individual education program provisions – also known as “IEP” provisions, etc. Failure to specifically describe the problem or problems to be included in this complaint may result in this case being closed. Closing a case is called a dismissal.

DESCRIBE THE NATURE OF THE PROBLEM INCLUDING ALL IMPORTANT FACTS. PROVIDE DETAILS. YOU MAY ADD MORE IF NEEDED.

PROBLEM OR COMPLAINT NUMBER 1:

PROBLEM OR COMPLAINT NUMBER 2:

PROBLEM OR COMPLAINT NUMBER 3:

PROPOSED RESOLUTION OF PROBLEMS STATED ABOVE

“Proposed Resolution of Problems” means how you want each of the problems described above to be solved. Federal law requires that you provide a solution to each of the problems described in this complaint to the extent you know the solution. You must describe the solution with as much detail as you can.

DESCRIBE THE SOLUTION FOR EACH OF THE PROBLEMS OUTLINED ABOVE.

SOLUTION TO PROBLEM OR COMPLAINT NUMBER 1:

SOLUTION TO PROBLEM OR COMPLAINT NUMBER 2:

SOLUTION TO PROBLEM OR COMPLAINT NUMBER 3:

SIGNATURE OF PARTY REQUESTING DUE PROCESS HEARING

PRINT THE NAME OF THE AGENCY REQUESTING A DUE PROCESS HEARING IN THE SPACE BELOW:

PRINT THE NAME OF THE PERSON WHO WILL BE ACTING AS A CONTACT PERSON FOR THE FILING AGENCY IN THE SPACE BELOW. PLEASE PROVIDE THE FULL TITLE, AND TELEPHONE NUMBER FOR THE CONTACT PERSON.

PRINT THE EMAIL ADDRESS FOR THE FILING AGENCY AND, IF DIFFERENT, THE EMAIL FOR THE CONTACT PERSON IN THE SPACE BELOW.

The representative for the agency filing this request for the due process hearing must sign and date in the space below. Please provide the title of the person signing on behalf of the agency.

BY TYPING MY NAME BELOW, I AM AGREEING THAT I HAVE ELECTRONICALLY SIGNED THIS FORM ON BEHALF OF THE FILING AGENCY ON THE DATE PROVIDED BELOW.

Date:

STATEMENT OF SERVICE

Federal and state laws require you to send or deliver a copy of this Request to each of the named parties. Additionally, you must email through the SFT a copy to the Office of Administrative Hearings. Retain a copy for yourself. Please indicate that you have sent copies of this Request by completing the appropriate boxes below.

I HAVE PROVIDED A COPY OF THIS REQUEST FOR DUE PROCESS HEARING ONLY TO ALL THE NAMED PARTIES AND TO THE OFFICE OF ADMINISTRATIVE HEARINGS BY:

First Class Mail to the person or agency named below at the address listed below.

Please include the date the document was mailed to that person or agency.

Facsimile transmission, also referred to as fax, or email to the person or agency named below at the fax number or email listed below. Please include the date the document was faxed or emailed to that person or agency.

Messenger or overnight delivery such as UPS, FedEx, or other courier service to the person or agency named below using the service identified below. I have also attached a copy of the receipt.

Personal delivery to the person or agency listed below at the address shown below. I have included the name of the person who made the delivery and the date and time of the delivery.

SIGNATURE OF PERSON COMPLETING THIS STATEMENT

PRINT THE NAME OF THE PERSON COMPLETING THIS STATEMENT OF SERVICE IN THE SPACE BELOW. PLEASE INCLUDE THE TITLE OF THE PERSON NEXT TO THE SIGNATURE.

The person completing this Statement of Service must sign in the space below and write the date of the signature next to the signature.

BY TYPING MY NAME BELOW, I AM AGREEING THAT I HAVE ELECTRONICALLY SIGNED THIS FORM ON BEHALF OF THE FILING AGENCY ON THE DATE PROVIDED BELOW.

Date: