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 STUDENT

Attached is an optional form template that you may use to request a due process hearing on behalf of a student, without wanting to participate in 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" which may be found at the following URL:

https://www.dgs.ca.gov/OAH/Case-Types/Special-Education/Forms/Request-for-Hearing-Only

Please provide all information requested. Failure to provide complete and correct information may delay the opening of the case or cause your request to be returned. Once the Office of Administrative Hearings, also referred to as "OAH," has processed your complaint, OAH will provide you with a hearing date in the form of a Scheduling Order. If you later decide that you want to participate in mediation, you may request a mediation date by submitting a Request to Set a Mediation after you receive the initial Scheduling Order from the OAH.

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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 the IDEA, provides due process hearings and mediation 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, known as a "FAPE" that fits each child's unique needs.

The IDEA has very specific requirements regarding the information which must be included in a complaint. OAH will schedule a due process hearing after you file a Complaint with all of the required information. The attached optional Request for Due Process Hearing form template lists all of the required information.

If you fail to provide the required information, your request for a due process hearing may be delayed until all of the required information has been provided or the complaint may be returned to you.

SERVING THE COMPLAINT

The Complaint must be "served" to all parties, which means you must send the Complaint to the public agencies against which you are filing the Compliant. To show that you "served" a party, you must complete a Proof of Service. You may use the attached Proof of Service to show that you served a party.

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You must also serve the Complaint to the OAH. To serve the Complaint or any other documents to OAH, it is recommended that service be made 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 at

https://www.dgs.ca.gov/en/OAH/Services/Page-Content/Office-of-Administrative-Hearings-Services-List-Folder/File-or-Upload-OAH-Case-Documents.

If you file your Request for Due Process Hearing through the SFT, you are agreeing that OAH will serve your documents by Secure e-File Only until you notify OAH that you no longer wish to use Secure e-File. If your contact information changes, it is your responsibility to notify the OAH.

If you wish to receive documents by email from other parties to the case, you need to give your consent to the other party or parties by completing the Consent to Electronic Service Agreement, also called "CESA," and sending a copy to the other party or parties. The form is located on OAH's website at

https://www.dgs.ca.gov/OAH/Case-Types/Special-Education/Forms/Consent-to-Electronic-Service-Agreement.

If you do not want to use SFT, you can mail your Request for Due Process Hearing to:

Office of Administrative Hearings, Special Education Division
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833

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

The IDEA requires the Request for Due Process Hearings, Complaint, to 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, or the attorney representing a party, must provide to the other party a copy of the due process complaint, along with a copy of the due process complaint to OAH (20 U.S.C. § 1415 (b)(7)(A)(i));
- "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..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)); and
- "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))

If you need assistance to complete this form, or have questions, please contact OAH by telephone at 916-263-0880. Additional information is available on OAH's website at

https://www.dgs.ca.gov/OAH/Case-Types/Special-Education.

REQUEST FOR REASONABLE ACCOMMODATIONS

OAH complies with the Americans with Disabilities Act, the Rehabilitation Act of 1973, the Unruh Civil Rights Act and all laws governing accessibility of government services to persons with disabilities. For more information on how to request a reasonable accommodation, please go to OAH's website at:

You may also contact the OAH Reasonable Accommodation Coordinator by phone at 916-263-0880 or email to OAHADA@dgs.ca.gov.

OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA
SPECIAL EDUCATION DIVISION

REQUEST FOR DUE PROCESS HEARING ONLY

REQUESTED ON BEHALF OF STUDENT

STUDENT 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: (IF STUDENT IS HOMELESS, PLEASE PROVIDE AVAILABLE CONTACT INFORMATION):

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

NAME OF THE SCHOOL STUDENT ATTENDS:

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 in 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:

Cellphone: 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 FOLLOWING SPACE:

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:

Cellphone: Work Phone:

Home Phone:

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

IF 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 FOLLOWING SPACE:

PARTIES TO BE NAMED BY PARENTS OR STUDENT FILING THIS REQUEST

Only public agencies, such as those listed below, may be named. Do not list individual people who may work for a public agency. The parties to be named for this case must include at least one of the following:

- School district student currently attends, will attend, or did attend;
- Charter school student currently attends, will attend, or did attend;
- County office of education, or
- Other public agencies involved in any decision regarding the student.

PLEASE PROVIDE THE NAME AND ADDRESS OF THE PUBLIC AGENCY OR AGENCIES WITH WHOM YOU WISH TO SCHEDULE A DUE PROCESS HEARING:

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 your Complaint. Simply describing a problem in general terms, such as "Student was denied FAPE for school year 2022-2023," 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.

Further information on how to write a Complaint may be accessed through the self-help section on OAH's website at

https://www.dgs.ca.gov/OAH/Case-Types/Special-Education/Self-Help.

A parent or adult student without an attorney may request that OAH provide a mediator to assist the parent/student in identifying the issues and proposed resolutions that must be included in a Complaint. (Ed. Code, § 56505(e)(6).) To request the assistance of a mediator contact their case manager. Case manager phone numbers may be found on OAH's website at

https://www.dgs.ca.gov/OAH/Case-Types/Special-Education/Contact.

Describe the nature of the problem including all important facts. Provide details. Please attach separate sheets if necessary.

PROBLEM OR COMPLAINT NUMBER 1:

PROBLEM OR COMPLAINT NUMBER 2:

PROBLEM OR COMPLAINT NUMBER 3:

PROPOSED RESOLUTION OF PROBLEMS STATES 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:

PRINT THE EMAIL ADDRESS FOR THE PARTY REQUESTING A DUE PROCESS HEARING IN THE SPACE BELOW.

The party requesting the due process hearing, or their representative, must sign and date in the space below.

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

DATE:

PROOF OF SERVICE

INFORMATION

Federal and state laws require you to send or deliver a copy of the attached document to each of the named parties. Additionally, you must send or deliver a copy to the Office of Administrative Hearings. Retain a copy for yourself.

Please indicate that you have sent copies of the attached document by checking the appropriate box or boxes below.

This Proof of Service may be used to confirm service to more than one party.

Different methods of service may be used for different parties as needed. For example, if serving more than one school district indicate which method of service is used for each school district by checking the appropriate boxes. If one school district is served by fax, a second school district may be served by fax, U.S. mail or by any other method listed below. For each method of service used provide the indicated information for that type of service for each party served.

REQUIRED INFORMATION:

NAME OF DOCUMENT BEING SERVED:

I have provided a copy of the document identified above to all the named parties and to the Office of Administrative Hearings by the method of service identified on the following pages.

TYPE OF SERVICE

Check applicable box and provide the information indicated. (If service of more than one person or entity is included in this Proof of Service, additional sheet may be added.)

☐ **PERSONAL DELIVERY:**

NAME AND ADDRESS OF PERSON SERVED:

NAME OF PERSON PERSONALLY SERVING THE DOCUMENT AND THE DATE AND TIME OF DELIVERY:

☐ **FIRST CLASS MAIL (U.S. MAIL)**

NAME AND ADDRESS OF PERSON SERVED:

DATE MAILED:

☐ **MESSENGER OR OVERNIGHT DELIVERY SUCH AS UPS, FEDEX, OR OTHER COURIER SERVICE**

NAME OF PERSON SERVED AND ADDRESS WHERE DOCUMENT WAS DELIVERED:

NAME OF MESSENGER OR DELIVERY SERVICE USED:

DATE SERVED:

RECEIPT IS ATTACHED (CHECK BOX TO CONFIRM RECEIPT IS ATTACHED): ☐

☐ **FAX (ALSO CALLED FACSIMILE TRANSMISSION)**

NAME AND FAX NUMBER OF PERSON SERVED:

DATE AND TIME OF FAX:

☐ **EMAIL**

BY CHECKING THIS BOX I ASSERT THAT THE PERSON OR AGENCY BELOW HAS AGREED TO ACCEPT DOCUMENTS BY EMAIL.

NAME AND EMAIL ADDRESS OF PERSON SERVED:

DATE AND TIME OF EMAIL:

SIGNATURE OF PERSON COMPLETING THIS PROOF OF SERVICE

PRINT THE NAME OF THE PERSON COMPLETING THIS PROOF OF SERVICE IN THE SPACE BELOW.

The person completing this Proof 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 THE DATE PROVIDED BELOW.

DATE OF SIGNATURE: