



## SPECIAL EDUCATION DUE PROCESS HEARING REQUEST

This form is used to request a due process hearing under the Individuals with Disabilities Education Act of 2004 (IDEA).

A due process hearing is a formal, legal proceeding conducted by an administrative law judge (ALJ). Parents, adult students, and school districts may make a written request for a hearing relating to the identification, evaluation, educational placement, or provision of a free appropriate public education (FAPE) to a student. You can find additional information about the due process hearing on the [OSPI website](#), the [Procedural Safeguards](#), and [WAC 392-172A-05080 through 392-172A-05125](#).

This form is provided as a model for your use. You are not required to use this form; however, failure to address the elements required in IDEA or failure to provide the other party, or his or her representative with a due process hearing request, may result in a delay of the hearing.

You must provide your due process request directly to the other party, and also provide a copy of the request to the Office of Administrative Hearings (OAH), to the mailing address **or** fax number provided below. Keep a copy of your request and proof of delivery to the other party.

**Do not submit supporting documents with your request for a due process hearing.**

**TO:**

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(Insert the name and address of the party (parent or district) to whom you are providing this notice. If the notice is to the school district, use the school district superintendent's name and the district superintendent administration address for purposes of notification.)

### AND A COPY TO:

Office of Administrative Hearings  
600 University Street, Suite 1500  
Seattle, WA 98101-3126

Fax: 206-587-5135

- An electronic filing option is not currently available as outlined in WAC 392-172A-05085. However, OAH is temporarily accepting email filing of hearing requests at [oah.ospi@oah.wa.gov](mailto:oah.ospi@oah.wa.gov)



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**I. STUDENT INFORMATION:**

OSPI strives for inclusion and practices that close opportunity gaps. If you voluntarily provide information about your child's disability condition, race, and gender, your confidential information is used only to identify overall trends in our state and to improve OSPI's guidance and dispute resolution processes. *If the complaint is about more than one student, please use an additional page.*

Student Name:		Parent Name:	
Date of Birth:		Parent Address, if different than student:	
Student's Disability Condition:		City/State/Zip:	
Grade, Race/Ethnicity, Gender (Optional):		Parent/Guardian Phone:	
Address:		Parent Email:	
City/State/Zip:		Primary Language:	
School District:		Race/Ethnicity, Gender (optional):	
School Name:		Name of person requesting hearing and relationship to student:	
School Address:		For a child who is homeless, contact name and address, if different from above:	

**II. DISCIPLINE**

Does this due process hearing request involve a special education disciplinary matter?

*(Hearings for violations of special education disciplinary matters involve removals of a student for more than ten school days in a school year, manifestation determination procedures, or other placement decisions resulting from the disciplinary removal.)*

☐ Yes☐ No

**III. PROBLEMS AND FACTS** *(What is the nature of the problem that relates to the child's special education program and what are the facts that relate to the problem?)*

**IV. PROPOSED SOLUTION** *(Describe the things that you believe will resolve the issue(s) based on the information available to you)*

*(Boxes III and IV are expandable. Use additional pages if necessary)*

**V. CERTIFICATION OF DELIVERY**

I certify that on \_\_\_\_\_, I provided this Due Process Hearing Request to *(name(s) & address)*:  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: ☐ Regular Postpaid Mail ☐ Certified Mail ☐ Fax ☐ Hand Delivery  
☐ Other (specify):

X \_\_\_\_\_

Signature of Person(s) Requesting Due Process Hearing

\_\_\_\_\_ Date