

PURPOSE: This form is used to request a due process hearing under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). This request is provided directly to the other party and a copy is provided to the Office of Superintendent of Public Instruction (OSPI), Administrative Resources Services.

## Due Process Hearing Request

**TO:** \_\_\_\_\_  
\_\_\_\_\_

*(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:**

OSPI  
Administrative Resources Services  
PO BOX 47200  
Olympia, WA 98504-7200  
Phone: (360) 725-6142  
Fax: (360) 753-4201

You must provide your request for due process directly to the other party and provide a copy of the request to OSPI Administrative Services.

**I. Student Information**

Student name Jason Patterson	Parent/Guardian
Date of Birth: 2/6/2002	Parent's Address
Address: 4690 Edsel Road	<i>(if different):</i>
	City/State/Zip:
City/State/Zip: City Of Commerce CA 90040	Parent/Guardian Phone
School District Valley School District	Name of person requesting hearing and relationship to student:
School Name Alder Elementary	
School Address 987 Granite Dr Yakima, WA 98902	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. Problem 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)

(Use additional pages if necessary)

**V. Certification of Delivery**

I certify that on \_\_\_\_\_, I provided this due process request to: (list name(s) & address)  
Date


By:  Regular postpaid mail     Fax     Other (specify):  
 Certified mail     Hand Delivery

**IMPORTANT INSTRUCTIONS**

Please provide your due process request to the other party and a copy of this notice to OSPI, Administrative Resources Services, at the address provided. 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.**

This form is provided to you as a model for your use. You are not required to use this form; however, failure to address the elements required in IDEA 2004 or failure to provide the other party, or his/her representative with a due process hearing request, may result in a delay of the hearing and/or in a reduction of attorney fees, if awarded.