

Los Angeles Unified School District
Division of Special Education

DIRECTIONS TO FILE FOR DUE PROCESS

- 1.) Attached is the Due Process Complaint Form.
Complete the form in its entirety (4 pages)**
- 2.) Send all the pages of the Complaint Form by fax or mail to:**
 - A.) California Office of Administrative Hearings
Special Education Division
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833-4231
Fax# (916) 263-0890**
 - B.) Due Process Department
Division of Special Education
Los Angeles Unified School District
333 S. Beaudry Ave, 17th Floor
Los Angeles, CA 90017
Fax# (213) 241-8917**
 - C.) School of Attendance**

*** Failure to provide the Complaint Form to all of the locations listed above may result in a delay or dismissal of your complaint.**

MEDIATION AND DUE PROCESS HEARINGS UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT OF 2004(IDEA)

IDEA provides for mediation and due process hearings to resolve disputes relating to the education of children with disabilities to ensure that each child receives a Free and Appropriate Public Education (FAPE) tailored to his/her unique needs. Attached is the form (referred to as the "Due Process Complaint Notice") you should use to request mediation and a due process hearing on behalf of a particular child. You should be aware that the IDEA has very specific requirements regarding the information to be included on the request form. If the information requested is incorrect, incomplete or not provided, your request for a due process hearing may be delayed until the request form meets legal requirements. You should also be aware that the completed form must be served on all of the named parties you have identified.

BEFORE FILLING OUT THE FORM PLEASE TAKE THE TIME TO READ THE FOLLOWING EXCERPTS FROM APPLICABLE FEDERAL STATUTES:

The due process complaint notice 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))

The due process complaint notice shall include "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))

The due process complaint notice shall also include "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))

Either party now has the right to challenge the sufficiency of any Due Process Complaint Notice. (20 U.S.C. § 1415 (c)(2)(A))

The party filing the Notice is not entitled to a due process hearing if the Notice does not comply with 20 U.S.C. § 1415 (b)(7)(A). (20 U.S.C. § 1415 (b)(7)(B))

The determination of whether a Notice is sufficient and in compliance with the requirements of 20 U.S.C. § 1415 (b)(7)(A), shall be made by an administrative law judge solely on the content of the Notice. (20 U.S.C. § 1415 (c)(2)(D))

A party may amend its due process complaint notice 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))

All timelines, including those for a Resolution Session, start over upon the filing of an amended notice. (20 U.S.C. § 1415 (c)(2)(E)(ii))

California Office of Administrative Hearings
Special Education Division
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833-4231

Tel. (916) 263-0880
Fax (916) 263-0890

REQUEST FOR MEDIATION AND DUE PROCESS HEARING FORM

IMPORTANT: This form is designed to assist parents in requesting mediation services and a due process hearing. Provide all information requested. Failure to provide all information may result in delay or dismissal of your hearing request. The Special Education Division will contact you regarding your hearing request.

| STUDENT INFORMATION | PARENT INFORMATION |
|---------------------------------|---------------------------|
| | |
| First and Last Name (Required) | First and Last Name |
| | |
| Street Address (Required) | Street Address |
| | |
| City, Zip Code (Required) | City, Zip Code |
| | |
| Date of Birth | Home Phone |
| | |
| Grade Level | Work Phone |
| | |
| School of Attendance (Required) | Fax |
| | |
| District of Attendance | |

PARTIES TO BE NAMED

INSTRUCTIONS; Below, please list the Parties to be named in the Due Process Hearing Request. This includes any school district, county office of education or other public agencies responsible for providing services you feel should be a party in the hearing. (Use additional sheets if necessary)

| |
|------------------|
| |
| Additional Party |
| |
| Additional Party |
| |
| Additional Party |
| |

BRIEF SUMMARY OF REASON FOR REQUEST

INSTRUCTIONS: Federal and state law require you describe with specificity the nature of the problem/complaint. Simply describing a problem as "Student denied FAPE for school year 2003-2004" is insufficient. Include facts, dates, references to specific IEP provisions, etc. Failure to identify specific problem(s) may result in the dismissal of this Due Process Hearing Request. Please attach separate sheets if necessary.

Problem(s) (Please number and list separately) :

1.

PROPOSED RESOLUTION OF THE PROBLEM STATED ABOVE

INSTRUCTIONS: Federal law requires that you provide a proposed resolution to each problem identified above. Again, you are required to be specific. Filling in the spaces below with "Provide a Free Appropriate Public Education (FAPE)" is insufficient. Please attach separate sheets if necessary.

Proposed Resolution(s) (Please number to correspond to problems listed)

1.

NECESSITY OF INTERPRETER

INSTRUCTIONS: If interpreter services are needed, please indicate below.

| | |
|----------|-------------------------------------|
| | |
| Language | Person needing interpreter services |

STATEMENT OF SERVICE

INSTRUCTIONS: Federal and state law require you to send or deliver a copy of this form to each party named above. Additionally, send a copy to the Special Education Division and retain a copy for yourself. Please check the box below to indicate your compliance with this requirement. In the event a legal representative makes service, please attach a copy of the proof of service. If service was accomplished by other than first class mail, please describe the method of service.

I have delivered or sent by First Class Mail a copy of this Request for Due Process Hearing form to all the above named parties. (Attach proof of service if applicable).

SIGNATURE OF PARTY REQUESTING HEARING

| | |
|---------------------------------------|------|
| | |
| Signature of party requesting hearing | Date |

SERVICE FOR LOS ANGELES UNIFIED SCHOOL DISTRICT

If you named LAUSD as a party, deliver, mail or fax a copy of this Request for Due Process Hearing to:

**Due Process Department
Division of Special Education
Los Angeles Unified School District
333 South Beaudry Avenue, 17th Floor
Los Angeles, CA 90017
Fax # (213) 241-8917.**