Model Form to Assist Parent(s)/Guardian(s) in Filing a Due Process Complaint (Hearing)

Date: __________________________  I, __________________________ am requesting a hearing before a State Administrative Law Judge.

**Child's Information**

- Child's name: __________________________
- Child's date of birth: __________________________
- Street address where child lives (or contact information): __________________________
- Name of District, School, and AEA where child lives: __________________________

**Parent(_guardian(s)) Information**

- Parent(s) Guardian(s) name(s): __________________________
- Mailing address (or contact information): __________________________
- City: __________________________  State: __________________________  Zip: __________________________
- Phone/Contact number: __________________________  E-mail (if available): __________________________

**Is there another parent/guardian at another address with parental rights?**

Yes  No. If **yes**, please complete the following:

- Parent(s) Guardian(s) name(s): __________________________
- Mailing address (or contact information): __________________________
- City: __________________________  State: __________________________  Zip: __________________________
- Phone/Contact number: __________________________  E-mail (if available): __________________________

Describe the following (use additional sheets of paper if more space is needed):

1. The nature of the problem:

2. The facts of this case relating to the above problem:

3. Your proposed resolution of the problem:

Did the violation happen not more than two years before you or the district knew or should have known about the alleged action that forms the basis of this filing?

Yes  No

**Before a hearing is actually held:**

I/we agree to participate in a mediation process provided by the state:  Yes  No

Name, address and phone number of person filing request, if not parent/guardian: __________________________

Position/role of person filing request, if not parent/guardian: __________________________ (for example: superintendent, principal, attorney)

Send a completed form to EACH of the following:

- you disagree. **Addresses Available at Your School**

1. The district that made the decisions with which
2. The AEA special education director.
3. Director, Iowa Department of Education
   Grimes State Office Building
   Des Moines, Iowa 50319-0146