

## NOTICE OF REQUEST FOR DUE PROCESS HEARING

*The use of this form is optional – If this form is not used, please include necessary areas of this document in your due process hearing request.*

*To file a notice of request for a due process hearing send the signed and dated, complete request to:*

**EED Special Education Dispute Resolution**  
**801 West 10th Street, Suite 200, P.O. Box 110500**  
**Juneau, Alaska 99811-0500**  
**Fax: (907) 465-2806 - Email: [sped@alaska.gov](mailto:sped@alaska.gov)**

*Alaska statute AS 14.30.193: “A **school district** or a **parent** of a child with a disability may request a due process hearing on any issue related to identification, evaluation, or educational placement of the child, or the provision of a free, appropriate, public education to the child. A request is made by providing written notice to the other party to the hearing. A parent shall make a request for a due process hearing not later than 12 months after the date that the school district provides the parent with written notice of the decision with which the parent disagrees. A school district shall make its request for a due process hearing in accordance with the time limit established by the department by regulation.”*

*A district must a request for a due process hearing within 60 days after a parent takes the action or inaction that is the subject of the complaint. (4 AAC 52.550)*

### 1. STUDENT & PARENT/DISTRICT INFORMATION

STUDENT'S INFO	STUDENT'S ADDRESS/PHONE
FIRST NAME:	ADDRESS:
LAST NAME:	CITY:
MIDDLE INITIAL:	STATE: ZIP:
DATE OF BIRTH (MM/DD/YY):	PHONE:
INVOLVED SCHOOL DISTRICT:	<i>IF HOMELESS, PROVIDE CONTACT INFORMATION</i>

COMPLAINANT	ADDRESS
NAME:	ADDRESS:
RELATIONSHIP TO STUDENT:	CITY:
PHONE:	STATE: ZIP:
FAX:	EMAIL:

ATTORNEY (IF APPLICABLE)	ATTORNEY ADDRESS
NAME:	FIRM NAME:
TITLE:	ADDRESS:
PHONE:	CITY:
FAX:	STATE: ZIP:
EMAIL:	

**2. PROBLEM AND RELATED FACTS**

*Describe the nature of the problem of the child relating to the proposed or refused initiation or change that is the basis of the complaint, including facts relating to the problem.*

**3. PROPOSED SOLUTION**

*Describe what you think needs to be done to solve the problem, to the extent known and available at this time.*

SIGNATURE (REQUIRED): \_\_\_\_\_ DATE: \_\_\_\_\_