

**Due Process Hearing Request Form
Kentucky Department of Education
500 Mero Street, 8th Floor
Capital Plaza Tower
Frankfort, Kentucky 40601**

Name of Child: _____

Age: _____ **Birthdate:** _____ **Home address:** _____

City: _____ **Zip Code:** _____

(If the child is homeless, please provide contact information)

School Child Attends: _____

School District: _____

Parent(s) Name(s): _____

Address: _____

City/State: _____ **Zip Code:** _____

Parent contact information: Home: _____ **Office:** _____

Cell phone: _____ **Email address:** _____

Name of person filing the hearing request: _____

Address: _____

Telephone and fax numbers (if not listed above): _____

Email address: _____

Representative of person filing the hearing request, if any:

Name: _____

Address: _____

Telephone and fax numbers: _____

Email address: _____

Describe the nature of the problem(s). Attach additional pages if necessary. (Federal law requires that all issues must be stated in this section. New issues may not be raised at the due process hearings that are not raised in the hearing request, unless the other party agrees.)

State the facts relating to the problem. (What happened that caused the problem?)
Attach additional pages if necessary.

When did problem occur? List dates or school year. State law requires that hearings must be filed within 3 years from the date the person filing the request knew about the problem alleged.

Exceptions are when the district:

- Did not provide the parent proper notice(s);
- Misrepresented its attempt to resolve the problem that resulted in the hearing request; or
- Withheld information relevant to the hearing issues from the parent.

Describe how these problems could be resolved, if you know. Attach additional pages if needed.

Were the problems identified above the subject of a previous due process hearing, an administrative (formal) complaint or mediation? Yes ___ No ___

Signature of person filing the hearing request

Date

If you are filing the hearing request on behalf of a child, a copy of the request must be provided to the local school district. A school district filing a hearing request must provide a copy of the request to the parent.

Please confirm that you have provided a copy to the district or parent, whichever is applicable:

A copy of this request was provided on: _____ (date)

to: _____ (name)

(address)

Please sign and mail this Due Process Hearing Request form to:

**R. Larry Taylor, Director
Division of Exceptional Children Services
500 Mero Street
Capital Plaza Tower, 8th Floor
Frankfort, Kentucky 40601**