



STATE OF NEW MEXICO
PUBLIC EDUCATION DEPARTMENT
300 DON GASPAR
SANTA FE, NEW MEXICO 87501-2786
Telephone (505) 827-5800
www.ped.state.nm.us

RYAN STEWART, ED.L.D.
SECRETARY OF EDUCATION

MICHELLE LUJAN GRISHAM
GOVERNOR

New Mexico Public Education Department
Request for Special Education Due Process Hearing and Required Notice Model Form
(Use of this form is optional)

You may use this form to satisfy this notice requirement, but any written request that complies with 20 USC § 1415(b)(7) and 6.31.2.13(I)(5) New Mexico Administrative Code (NMAC) may be substituted for this form.

Date: _____

| | |
|---|--|
| Student's Full Name | Parent, Guardian, or Surrogate Parent Full Name: |
| Date of Birth (optional): | |
| Student's Address or contact information if the Student is Homeless: | Parent, Guardian, or Surrogate Parent Address: |
| | Parent, Guardian, or Surrogate Parent Telephone Number(s) (optional): |
| District Student Attends (optional): | District Mailing Address (optional): |

| | |
|--------------------------------|---|
| School Student Attends: | District/School Representative or Contact (optional): (if known) |
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Issues to be Resolved: (check all that apply)

_____ The Identification of the student as a student with a disability needing special education or related services under the IDEA.

_____ The Evaluation to determine whether the student has a disability under the IDEA, and/or the nature and extent of the special education and related services the student needs.

_____ The Educational Placement of the student in special education or related services under IDEA.

_____ The provision of a Free Appropriate Public Education to the student under IDEA.

Describe the Nature of the Problem(s) of the Child Related to the Proposed or Refused Initiation or Change and the Facts Relating to the Problem(s): Include relevant dates, specific events, and/or persons involved.

Description of the Proposed Resolution: Describe the complete remedy and resolution of the problem you want the hearing officer to order (to the extent known to you at this time).

Contact Information for Authorized Representative (optional):

Name: _____

Mailing:

Phone Numbers: Home _____ Work _____

Cell _____ FAX _____

Capacity of Authorized representative: (check one)

____ Attorney for Petitioner Bar Number: _____ State: _____

____ Next Friend of Petitioner (Parent, Guardian, or Surrogate Parent)

____ Self (Student with a Disability 18 years or older)

Note: In New Mexico, a non-attorney may help you complete the form and file for due process; however, they cannot represent you at the hearing.

Signature: _____ **Date:** _____
(Parent, Guardian, or Surrogate Parent)