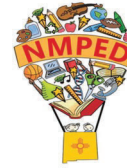


* indicates required information

New Mexico Public Education Department, Special Education Division



Request for Due Process Hearing

Instructions: Due Process Hearing Requests may be filed to resolve disputes related to identification, evaluation, or educational placement or the provision of a free appropriate public education of a child. The use of this form is not required but any written request shall include the information required below. Requests may be submitted via U.S. Mail or E-Mail. This completed form should be submitted to:

Via Regular Mail:

Alternative Dispute Resolution Coordinator
Special Education Division/OGC
New Mexico Public Education Department
300 Don Gaspar
Santa Fe, NM 87501

Via E-Mail:

Dispute.Resolution@state.nm.us

If you have any questions please contact the Alternative Dispute Resolution Coordinator at: 505-309-1214

Please select one of the following*:

- I am the parent/guardian/surrogate parent of the student I am the adult student I am the parent or adult student's attorney/advocate
 I am the public agency representative or attorney (Includes Schools Districts, Charter Schools, Public Agency and NMPED)

SECTION I - Student Information*

STUDENT NAME*	DATE OF BIRTH*
STUDENT SCHOOL*	STUDENT SCHOOL DISTRICT/CHARTER SCHOOL/OTHER PUBLIC AGENCY*

SECTION II - Parent Information

NAME OF PARENT/GUARDIAN/SURROGATE PARENT/COMPLAINANT*	DAY TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	E-MAIL
NAME OF PARENT'S ATTORNEY/ADVOCATE (If applicable)	ATTORNEY/ADVOCATE TELEPHONE (Include Area Code)
ATTORNEY/ADVOCATE ADDRESS (Street, City, State, Zip Code)	ATTORNEY/ADVOCATE E-MAIL

SECTION III - Public Agency Information (Complete if you are the public agency representative or its attorney)

NAME OF DISTRICT/CHARTER SCHOOL/PUBLIC AGENCY	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	E-MAIL
PRIMARY CONTACT NAME/TITLE	PRIMARY CONTACT TELEPHONE (Include Area Code)
PRIMARY CONTACT ADDRESS (If different from public agency)	PRIMARY CONTACT E-MAIL
NAME OF ATTORNEY (If applicable)	ATTORNEY TELEPHONE (Include Area Code)
ATTORNEY ADDRESS (Street, City, State, Zip Code)	ATTORNEY E-MAIL

SECTION IV - Language and Accessibility

Will the assistance of an interpreter or other accommodations be needed?

Yes No

If yes, please describe the needs:

SECTION V - Issues

I am requesting a Due Process Hearing for the following issues: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Identification and eligibility for services | <input type="checkbox"/> Behavior/Discipline/Manifestation Determination |
| <input type="checkbox"/> Educational evaluation | <input type="checkbox"/> Change of placement |
| <input type="checkbox"/> IEP development or implementation | <input type="checkbox"/> Reimbursement for services |
| <input type="checkbox"/> Provision of a free appropriate public education | <input type="checkbox"/> Other <input style="width: 150px; height: 20px;" type="text"/> |

If you are filing a Due Process Hearing Request regarding "Change of Placement" or "Behavior/Discipline/Manifestation Determination," are you requesting an expedited due process hearing?

Yes No

SECTION VI - DESCRIPTION OF NATURE OF THE PROBLEM*

Describe the nature of the problem(s) relating to a proposed or refused initiation or change in the identification, evaluation, or educational placement of or the provision of a free appropriate public education to the student. Include relevant dates, specific events, and/or persons involved. Please include dates and any important facts related to the violation. (Attach additional pages as necessary.)*

SECTION VII - PROPOSED REMEDY, RESOLUTION OR SOLUTION (student specific allegations only)*

*Briefly explain how you would like the problem to be resolved. (Attach additional pages as necessary.)**

I have additional pages and/or documents that I am submitting with this Due Process Hearing Request Form.

A copy of your Due Process Hearing Request must be submitted to your local school district , charter school, or other public agency responsible for providing educational services to your child at the same time this Request is filed with the NMPED.

I will forward this request to the School District, Charter School, or Public Agency.*

I understand that I am responsible for informing the NMPED if my address or any other contact information changes prior to the completion of the investigation or ordered corrective action.*

SECTION VIII - Alternative Dispute Resolution

Alternative dispute resolution (ADR) includes voluntary processes available to parents at no cost and can often result in a resolution of conflicts without a formal hearing. ADR will proceed concurrently with the hearing process. Mediation and facilitation are the available options for ADR. Please indicate your interest in the options below:

I am interested in a mediation session where the public agency and I agree to meet with an assigned mediator to potentially create a legally binding mediation agreement.

I am interested in a state-facilitated individual educational plan (IEP) team meeting with an assigned facilitator to attend an IEP team meeting and assist in completing the student's IEP.

SECTION VIII - Signature*

Signature (Electronic or Digital Signatures are acceptable)*

Date:*

--	--

Due Process Hearing Request Checklist

Before mailing/emailing your request for a Due Process Hearing, make sure the items below have been completed:

- You have provided the student's name, address of residence (if applicable), and name of the school the student attends.
- You have provided your name, address, and contact information where you can be reached.
- You have provided information regarding the dispute or issues with the public agency.
- You have provided a proposed resolution to the problem.
- You have signed your request and have provided a copy of your request to the public agency.
- You have mailed/emailed your Due Process Hearing Request in time for it to be received by NMPED no later than two years after the alleged violation(s) occurred.