

**Aging and Disability Services Division**  
**IDEA Part C Services**

Due Process Hearing Request

Enter a date.

(Date)

Early Intervention Services Program Name: Click to enter text.

Local Program Address: Click to enter text.

Dear Program Manager:

The reason for this letter is to ask for an impartial due process hearing for (name of child) Enter Name of Child., born on (birth date) Enter Child Birth Date.

**The reasons for this request are:** (Describe the issue)

Click to enter text.

Facts that support this request are:

Click to enter text.

Please send the following to help us plan for the hearing:

- The steps to review and receive a copy of (name of child) Enter Child's Name's records.
- Resources for free or low-cost legal assistance and other appropriate services in the area.
- A statement of rights under the Individuals with Disabilities Education Act.

Sincerely,

Click or tap here to enter text.

(Your Signature)

Click or tap here to enter text.

(Your Name)

Click or tap here to enter text.

(Your Address)

Click or tap here to enter text.

(Your Phone Number)