

ODR Request Form

Request for:

Mediation Due Process Hearing

Requested by:

Parent School District

(School District, Charter School, IU)

Today's Date: _____

The person completing this form should fill in the information below indicating his/her title at the school or his/her relationship to the student.

Name of Person Completing Form: _____

Title or Relationship to Student: _____

Phone: _____

Has the opposing party been notified of this request? Yes No If yes, when? _____
Date

Student Information:

Last Name _____

First Name _____

Date of Birth _____

Gender _____

Exceptionality(ies): _____

LEA (Local Education Agency) _____

Building _____

Parent(s) Information:

Title _____

First Name _____

Last Name _____

Relationship _____

Cell Phone: _____

Address: _____

Mother

Home Phone: _____

Father

Work Phone: _____

Fax: _____

Email: _____

City _____

State _____

Zip _____

Due Process Hearing Requests ONLY

Parent Attorney: _____

Attorney Phone: _____

Parent NOT Living with Student :

Title _____

First Name _____

Last Name _____

Relationship _____

Cell Phone: _____

Address: _____

Mother

Home Phone: _____

Father

Work Phone: _____

Fax: _____

Email: _____

City _____

State _____

Zip _____

Due Process Hearing Requests ONLY

Parent Attorney: _____

Attorney Phone: _____

Local Education Agency (LEA) Information:

LEA Contact: _____

Title	First Name	Last Name	LEA Contact Position Title: _____
_____	_____	_____	
Address:			Cell Phone: _____
_____			Phone: _____
_____			Fax: _____
_____			Email: _____
City	State	Zip	_____
_____	_____	_____	

Superintendent/Chief Executive Officer (if applicable):

Title	First Name	Last Name	Position Title: _____
_____	_____	_____	
Address:			

_____			Phone: _____
City	State	Zip	
_____	_____	_____	

Due Process Hearing Requests ONLY

Attorney:	Attorney Phone: _____
_____	_____

Information about this Mediation or Due Process Hearing

The following information is needed in order to facilitate the scheduling of the Mediation or Due Process Hearing.

Is this a Hearing Officer decision that has NOT been implemented? Yes No
(If yes, the Bureau of Special Education will be notified.)

Is this a request for an expedited hearing? If yes, please check ONE of the reasons below:

- Disciplinary (drugs/weapons)
 - ESY (Extended School Year)
- Check here if the student is in the ESY target group.

Parent Position (Issues):

Parent Resolution:

School Position (Issues):

School Resolution:

- The Mediation or Due Process Hearing will be held at a time and place reasonably convenient for the parents.
- The LEA is to provide a convenient location. Please consider the needs of all individuals involved, including accessibility for individuals with disabilities.
- If you require special accommodations, please contact the LEA.

This Due Process Hearing/Mediation will be held at the following address:

Site Location: _____

Address: _____

City	State	Zip
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If this request is for a Due Process Hearing, please complete one of the following:

- Resolution Meeting to discuss these issues is scheduled for _____ . (date)
- Resolution Meeting was held _____ . (date)
We would like this Due Process Hearing request to move forward. (check)
- Participation in Resolution Meeting was waived by both parents and LEA in writing on _____ . (date)

If you are requesting Mediation, a Case Manager from ODR will be contacting you with further information.

If you are requesting a Due Process Hearing, you will be notified by ODR when a Hearing Officer has been assigned.

Please mail or fax this form to:

Office for Dispute Resolution
Suite 600
6340 Flank Drive
Harrisburg, PA 17112-2764

Phones:
717-541-4960
800-222-3353 (PA only)
800-992-4334
800-654-5984 (TTY)
717-657-5983 (Fax)