

**REQUEST FOR DUE PROCESS HEARING**  
(Virginia Department of Education Form<sup>1</sup>)

If a due process hearing is requested by or on behalf of a student, please submit the written request to the Virginia Department of Education (VDOE), Office of Dispute Resolution and Administrative Services (ODRAS) via U.S. postal mail to: P.O. Box 2120, Richmond, VA 23218-2120; by email to [ODRAS@doe.virginia.gov](mailto:ODRAS@doe.virginia.gov); or fax to (804) 786-8520. A copy of the request must be delivered contemporaneously by the requesting party to the Local Educational Agency (LEA) at the office of the division's special education director or designee. If the due process hearing is requested by the LEA, this form must be contemporaneously provided to the parent(s), parent representative, and/or student and the VDOE.

(Please type or write legibly, sign and date)

1. Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Child's Home Address<sup>2</sup>: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Zip)

3. City/County School Division: \_\_\_\_\_

4. School Child Attends: \_\_\_\_\_

5. Name of Parent(s)<sup>3</sup> Initiating Hearing: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Zip)

Telephone #: Home (    ) \_\_\_\_\_ Office (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

6. Parent's (Parents') Representative, if any (i.e., Attorney, Advocate, etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Zip)

Telephone #: Office (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

<sup>1</sup> This form defines the VDOE procedure regarding receipt of the request by ODRAS during normal business hours. Requests received after non-business hours are considered received the next business day. The use of this form is not mandatory; however, much of the information requested by this form is necessary in order to initiate a due process hearing. Please note that the failure to use this form may not be used to delay or deny a parent's right to a due process hearing.

<sup>2</sup> If a homeless child or youth, then provide available contact information.

<sup>3</sup> Parent includes student at age 18, if parental rights have been transferred to the student, and any other individual who meets the definition of parent in the special education regulations.

7. Description of the nature of the problem (What are the issues? What's wrong?) \_\_\_\_\_

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8. Facts relating to the problem (What happened that caused the problem?) \_\_\_\_\_

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9. A proposed resolution of the problem to the extent known and available to the parents.

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(Please attach additional pages to provide additional information as necessary.)

**NOTE:** New issues may not be raised at the due process hearing that are not raised in this Notice, unless the other party agrees.

### MEDIATION

Federal law requires that when a parent requests a hearing, the school division must inform the parent of the availability of mediation. Mediation is offered at no cost to the parties. Mediation is encouraged and may be beneficial in your case. Please be advised, however, that mediation is a voluntary system for resolving disputes. Both parties must agree to mediate their issues prior to the initiation of the mediation process. Any request for mediation cannot delay the appointment of a due process hearing officer or the scheduling of a due process hearing. Please indicate your decision below concerning your acceptance or rejection of the offer of mediation.

\_\_\_\_\_ I request mediation

\_\_\_\_\_ I decline mediation

\_\_\_\_\_  
Signature of Parent(s)

\_\_\_\_\_  
Date