Wisconsin Department of Public Instruction

# DUE PROCESS HEARING REQUEST

PI-2115 (Rev. 03-21)

*Section 115.80, Wis. Stats.*

**SUBMISSION:** Complete three (3) copies. Retain one (1) copy for your records. Submit one (1) copy to the School District responsible for the child’s education. Submit one (1) signed original to:

# DIRECTOR

# SPECIAL EDUCATION TEAM

# WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

# PO BOX 7841

# MADISON, WI 53707-7841

# FAX: (608) 267-3746 EMAIL: IDEA@DPI.WI.GOV

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| --- | --- | --- | --- |
| **FOR DPI USE** | Date Received *Mo./Day/Yr.* | Case No. Assigned | Due Dates *Mo./Day/Yr.*  30 Days:  45 Days:  75 Days: |

**INSTRUCTIONS:** This form has been developed to assist parents in requesting a due process hearing. Provide all information requested. Failure to provide all information may result in a court reducing the amount of any attorneys’ fees awarded. Requests submitted outside of business hours will be marked received the next business day. You will be contacted by the department regarding your hearing request.

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|  | | | | **I. GENERAL INFORMATION** | | | |  | | | |
| Name of Party Requesting the Hearing | | | Relationship to the Child | | | | Requestor’s Email Address | | | | |
| Address *Street, City, State, ZIP* (Preferred Communication: Check One  Email  Physical Mail) | | | | | | | | | | Daytime Telephone *Area/No.* | |
| Check One *Optional*  Hispanic/Latino  Not Hispanic/Latino | Check All That Apply *Optional*  American Indian/Alaska Native Asian Black/African American  Native Hawaiian/Other Pacific Islander White | | | | | | | | | | |
| Name of Child | | | Child's Date of Birth *Mo./Day/Yr.* | | | [[1]](#footnote-1)Address of the Child’s Residence Street, City, State, Zip | | | | | |
| School District of the Child’s Residence | | | | | School District Where Child is Attending | | | | | | |
|  | | **II. SIGNATURE** | | | | | | |  | | |
| Signature of Party Requesting the Hearing   | | | | | | | | | | | Date Signed *Mo./Day/Yr.* |
|  | | **III. DESCRIPTION OF COMPLAINT** | | | | | | |  | | |

Describe the nature of the problem the child is experiencing, including facts relating to the problem. State the specific reasons for requesting a hearing. If you are a parent and disagree with any decision regarding disciplinary placement or a manifestation determination, or if an LEA believes that maintaining the child’s current placement is substantially likely to result in injury to the child or others, please state whether you request an expedited due process hearing with accelerated but inflexible timelines[[2]](#footnote-2). Use additional sheets or back if necessary.

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|  | **IV. PROPOSED RESOLUTION** |  |  |  |  |

Describe your proposed resolution of the problem (to the extent known and available at this time). Use additional sheets or back if necessary.

1. For Homeless children, provide contact information. (34 CFR § 300.153[b][4][iii]; 300.508[b][4]). [↑](#footnote-ref-1)
2. An Expedited Hearing must occur within 20 school days of the date that the due process hearing request is filed, the hearing officer must make a determination within 10 school days after the hearing, and the hearing officer cannot extend those deadlines even if the parent or the LEA request and the parties agree to an extension. [↑](#footnote-ref-2)