



INSTRUCTIONS: 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
 P. O. BOX 7841
 MADISON, WI 53707-7841
 FAX: 608-267-3746**

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. You will be contacted by the department regarding your hearing request.

FOR DPI USE

Date Received	Case No. Assigned	Due Date
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GENERAL INFORMATION

Name of Party(ies) Requesting the Hearing	Relationship(s) to the child	Requestor's Email Address
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Address of Party(ies) Requesting the Hearing <i>Street, City, State, ZIP</i>	Daytime Telephone <i>Area/No.</i>
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Name of Child	Child's Date of Birth <i>Mo./Day/Yr.</i>	*Address of the Child's Residence <i>Street, City, State, Zip</i>
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School District of the Child's Residence	School District Where Child is Attending
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Describe the nature of the problem the child is experiencing relating to the action proposed, including facts relating to the problem. State the specific reasons for requesting a hearing. Use additional sheets or back if necessary.

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

SIGNATURE

Signature of Party(ies) Requesting Hearing	Date Signed <i>Mo./Day/Yr.</i>
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*For Homeless children, provide contact information [34 CFR 300.153 (b)(4)(iii); 300.508 (b)(4)]