

Oklahoma State Department of Education
REQUEST TO FILE A DUE PROCESS HEARING



CHILD'S INFORMATION	
Name of Child: _____	Date of Birth: _____
DUE PROCESS REQUEST	
Name: _____	Name of Attorney: _____
Address: _____	Business Address: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
What is your relationship to the child: _____	
Describe the nature of the problem(s) of the child relating to the proposed initiation or change of identification, evaluation, placement or appropriateness of the education of your child, including specific facts relating to the problem which make this hearing necessary. Attach additional page(s) if needed.	
How may the problem be resolved? _____	

Parents have the right to request mediation to resolve this problem. Such participation is voluntary. Please contact the State Department of Education at (405) 521-4880 for further information.

A copy of this request must be mailed to:
 Oklahoma State Department of Education
 Attention: Due Process Hearing Request
 2500 North Lincoln Boulevard, Suite 412
 Oklahoma City, Oklahoma 73105-4599
 Fax: (405) 522-2380

Signature: _____

Date: _____

The due process hearing timeline does not begin until the due process hearing request, completed in accordance with all requirements, is received by the Oklahoma State Department of Education, Special Education Services.