



Office of Child Development and Early Learning Infant/Toddler Program
Due Process Request

A Due Process Hearing Request Form is submitted to the ODR within 3 calendar days from the date of written request. Documentation such as a copy of the IFSP (draft accepted) or evaluation, etc. shall be attached to this form. Submit copies of request to parents(s) and Regional Office. Maintain a file copy in MH/ID Office.

Student Information

Date of Written Request from Parent(s) Name of Child:
Date of Birth: Gender: M / F Exceptionality:

County MH/ID Office Information

County MH/ID Office:

Name of County MH/ID Contact Person:

Title:

Address:

Phone: Cell Phone: Email: Fax:

County Legal Representative (if applicable)

Name:

Address:

Phone: Cell Phone: Email: Fax:

Schedule Hearing with: [] County MH/ID Contact Person or [] Legal Representative

Parent(s) Name(s):

Address:

Home Phone: Cell Phone: Work Phone:

Email:

Parent Representative Information

Parents' representative: (Insert the name or "None") _____

Title: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

Schedule Hearing with: Parent(s) or Representative

Reason for Hearing: _____

Time of Hearing:

Preferred: 9:00 am – 12:00 pm 1:00 pm – 4:00 pm 5:00 pm - 7:00 pm

Type of Hearing: Open to the Public Closed (participants only)

Language Preferred by the parents: _____

Alternative Mode of Communication: _____

County MH/ID Office has provided a site for the hearing accessible for individuals with disabilities at the following address:

Please include a Google Maps link to the site of the hearing:

Person completing this form

Name: _____ Email: _____

Phone: _____ Date: _____

Please submit this Form and documentation to:

**Office for Dispute Resolution
6340 Flank Drive
Harrisburg PA 17112-2764
Phones:**

**717-901-2145
800-222-3353 (PA only)
PA Relay 711 (TTY Users)
717-657-5983 (Fax)**