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)