

**DUE PROCESS HEARING REQUEST  
DS 1802 (Rev. 6/2009)(Electronic Version)**

*Confidential Client Information*  
*W & I Code, Sections 4514 and 5328*

**EARLY START PROGRAM**

**I. PETITIONER INFORMATION**

*(Authorized individual initiating request.)*

Parent                      Legal Guardian                      Assigned Surrogate Parent                      Authorized Representative                      Regional Center or Local Education Agency  
Name of Person Filing Complaint

Address *(Number and Street)*                      *(City)*                      *(State)*                      *(Zip Code)*                      Telephone Number

Name of Infant/Toddler who is the Subject of the Request (Petitioner)                      Birth Date *(Month, Date, Year)*

Address *(Number and Street)* *(If different than person filing complaint.)* *(City)*                      *(State)*                      *(Zip Code)*                      Telephone Number

Desire for Due Process Hearing. *(A voluntary mediation conference is available. The mediation conference is an informal, impartial and non-adversarial dispute resolution process. While mediation is encouraged, it is not required.)*  
I request a due process hearing.

I request the services on an interpreter:                      Yes                      No                      Preferred language of choice for the hearing is: \_\_\_\_\_

Please indicate the method in which you would like to be notified of the DUE PROCESS HEARING date and time.

Email Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

**II. RESPONDENT INFORMATION**

*(Local education agency, regional center, parent or other party with whom you have the disagreement.)*

1. Name/Title                      Organization                      Telephone Number  
Address *(Number and Street)*                      *(City)*                      *(State)*                      *(Zip Code)*

2. Name/Title                      Organization                      Telephone Number  
Address *(Number and Street)*                      *(City)*                      *(State)*                      *(Zip Code)*

**III. OTHER INFORMATION**

A. Describe your disagreement *(A written statement may be attached.)*

B. Describe your proposed solution to the disagreement *(A written statement may be attached.)*

C. I prefer the hearing to be held at the regional center                      or the local education agency                      or other appropriate public location                      located at:


Address *(Number and Street)*                      *(City)*                      *(State)*                      *(Zip Code)*                      Telephone Number

D. Signature of Person Filing Complaint                      Date  


**IV. AUTHORIZED REPRESENTATIVE (Optional)**

*(The parent may authorize another individual to represent them throughout the formal hearing.)*

I authorize \_\_\_\_\_, \_\_\_\_\_, to represent the petitioner, in this matter.  
*(Name)*                      *(Relationship to Petitioner)*

Signature of Person Filing Complaint                      Date  


Representative's Signature                      Date  


## INSTRUCTIONS (DS1802)

This form may be completed by any party seeking state level action on a disagreement regarding identification, eligibility, evaluation, assessment or provision of early intervention services for infants and toddlers birth to 36 months of age and their families. All parties are encouraged to resolve differences locally. However, when differences cannot be resolved, voluntary impartial mediation and due process hearings are available. Persons filing this form may seek assistance in filing out this form from their child's assigned service coordinator or other regional center or local education agency representatives.

- I. PETITIONER INFORMATION - Complete the information as the person authorized to initiate these proceedings. In most cases, this is the parent, surrogate parent or other legal guardian for the child who is the subject of the disagreement. It may also be a regional center or local education agency. Please indicate language of choice for the mediation conference. Please indicate need for an interpreter. Please indicate the method in which you prefer to be notified.
- II. RESPONDENT INFORMATION – Provide information about the party(ies) with whom you are having the disagreement. It is critical that this information is complete and accurate. It will be used to contact the other party(ies) in this proceeding. Your child's assigned service coordinator is available to assist you in identifying the appropriate respondent(s) for the specific issue(s) in question.
- III. OTHER INFORMATION
  - A. Briefly state the issue(s) related to the disagreement. A written statement may also be attached.
  - B. Briefly describe what you believe to be the appropriate solution to your disagreement. Again, a written statement may be attached.
  - C. There are two processes available at the state level to resolve your dispute. They are the mediation conference which is voluntary and the due process hearing. The parties to the disagreement are encouraged, as a first step, to utilize the mediation process. Mediation is a voluntary impartial and non-adversarial dispute resolution process. If mediation is not successful in resolving the issue(s), the parties automatically proceed to the scheduled due process hearing. To request a Mediation Conference, complete form (DS1808) Mediation Conference Request.
  - D. Identify the appropriate public location that would be convenient for you to attend the hearing.
  - E. Sign and date the form.
- IV. AUTHORIZED REPRESENTATIVE (Optional) - A parent, surrogate parent or other legal guardian may authorize any other person to represent their interest throughout the due process hearing. If requesting an authorized representative, both the person filing the complaint and the representative must sign this form. If not requesting an authorized representative, leave this section blank.
- V. SUBMIT ALL HEARING REQUESTS TO:

**Office of Administrative Hearings  
Attn: Early Start Intervention Section  
2349 Gateway Oaks Drive, Suite 200  
Sacramento, CA 95833  
(916) 263-0654  
FAX (916) 376-6318**

Upon receipt of your request, OAH will notify you of the scheduled time and location of the due process hearing which will be conducted as follows:

1. The due process hearing shall be conducted at a time and place reasonably convenient for the parent(s) or person filing the complaint. The meeting must be conducted in the language of the family's choice or other mode of communication, unless clearly not feasible to do so.
2. The proceedings shall be conducted by an impartial person knowledgeable in the laws governing early intervention services and administrative hearings.
3. Until an agreement is reached or a decision made, the infant or toddler will continue to receive the early intervention services currently being provided, unless the parties agree otherwise.
4. Any party to a due process hearing has the right to:
  - a. Be accompanied by counsel and/or by individuals with special knowledge relating to the needs of infants/toddlers with disabilities;
  - b. Present evidence and confront, cross-examine, and compel the attendance of witnesses;
  - c. Prohibit the introduction of any evidence that has not been disclosed to the party at least five (5) days before the hearing;
  - d. Obtain a written or electronic verbatim transcription of the proceedings; and
  - e. Obtain written findings of fact and the decision.
5. Within thirty (30) calendar days of the receipt of the written request by OAH, the due process hearing shall be conducted and written copy of the hearing decision shall be mailed to both parties.
6. The results of the hearing shall be final and binding on all parties.
7. Either party who disagrees with the outcome of the hearing may appeal the decision to a court of competent jurisdiction.