

DEPARTMENT OF PUBLIC WELFARE
Early Intervention Program

Due Process Request

(Completed by County Office)

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 OMR Regional Office. Maintain a file copy in MH/MR Office.

Date of Written Request: _____ Name of Child: _____

Date of Birth: _____ Exceptionality: _____

County MH/MR Office: _____

County MH/MR Contact Person: _____

Title: _____

Address: _____

Phone: _____ Cell Phone: _____ Fax: _____

County Legal Representative (if applicable): _____

Address: _____

Phone: _____ Cell Phone: _____ Fax: _____

Schedule Hearing with: County MH/MR Person or Legal Representative

Parent(s) Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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

Title: _____

Address: _____

Phone: _____ Fax: _____

Schedule Hearing with: Parents or Representative

Reason for Hearing: _____

Time of Hearing Preferred: 9:00 a.m. – 12:00 p.m. 1:00 – 4:00 p.m. 5:00 - 7:00 p.m.

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

Language Preferred by the parents: _____

Alternative Mode of Communication: _____

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

Please enclose a map and/or directions to the site of the hearing.

Form Completed by: _____ (Print name)

Phone: _____

Date: _____

Please submit this Form and documentation to:

Office for Dispute Resolution
6340 Flank Drive
Harrisburg PA 17112-2764
Phones:
717-541-4960
800-222-3353 (PA only)
PA Relay 711 (TTY Users)
717-657-5983 (Fax)