PLEASE PRINT CLEARLY OR TYPE

STATE OF NORTH CAROLINA COUNTY OF (1)	IN THE OFFICE OF ADMINISTRATIVE HEARINGS EDC				
(2)by parent or guardian V. (3)(name of county, city or charter) Board of Education RESPONDENT.))) EXPEDITED) PETITION FOR A) CONTESTED CASE HEARING) (Special Education-Manifestation Determination)))				
(4) Name of school or charter school that student attends	—				
(5) Student's Name	ne (6) Student's Birth date				
(7) Student's Home or Residence Address (Street Address)	(City) (State) (Zip) (County)				
expedited due process contested case hearing as provid (IDEA), (20 USC. § 1400 <i>et seq.</i>) and the IDEA 2004 F provided for in Article 9 of Chapter 115C of the North Car My Petition is based upon a dispute regarding the decise	North Carolina General Statutes, I hereby petition for an ded for by the Individuals with Disabilities Education Act Regulations (specifically 34 CFR § 300.532); and as also rolina General Statutes. sion reached in a manifestation determination review (or 300.530 and 300.531) for my child to change placement				
(8) Date of manifestation determination decision					
(9) Describe the problem and the facts that support your F	Petition: (Attach additional pages if more space is needed.)				
(10)Describe the resolution or remedy you are seeking: (A	.ttach additional pages if necessary)				

(11)Date:	((12) Your phone number ()								
(12a)										
(13)Print your full mailing address:										
	(street address/p.o. box)	(city)	(state)	(zip)	(county)					
(14) Print your name:										
(15) Your signature:										

You <u>MUST</u> mail or deliver a <u>COPY</u> of this Petition to the Superintendent of the Board of Education <u>or</u> the Director of Special Education (Exceptional Children's Director) of the local school system. The name, address and phone number of the Superintendent and Director of Special Education may be obtained by asking the Principal at your child's school. <u>You MUST also</u> send a copy of this form to Melvin Diggs, Consultant for Dispute Resolution, Exceptional Children's Division of the NC Department of Public Instruction, 6356 Mail Service Center, Raleigh, NC 27699-6356 or by fax at 919-807-3243.

CERTIFICATE OF SERVICE

I certify that this Petition has been served on the Local or County Superintendent of Schools or the Director of Special Education, named below by depositing a copy of it with the United States Postal Service with sufficient postage affixed **OR** by hand delivering it to the person named below.

(16)_		(17)			
	(name of Superintendent or EC Director served)	(school board listed on line 3)			
(18)					
()_	(street address/PO box)	(city)	(state)	(zip)	
(19)		('	20) Date:		
(1)	(your signature or initials)	(4	20) Date:		

This form has been developed to assist parents, or guardians in petitioning for an impartial due process contested case hearing.

When you have completed this form, you <u>MUST</u> mail or deliver the <u>ORIGINAL</u> to the Office of Administrative Hearings, 1711 New Hope Church Road, Raleigh, NC 27609.

INSTRUCTION FOR FORM H-06E-A "PETITION FOR A CONTESTED CASE" AND "CERTIFICATE OF SERVICE"

PLEASE PRINT CLEARLY OR TYPE

You are completing a contested case petition for a hearing (sometimes referred to as a "due process hearing") on a special education case. A hearing is designed to resolve legal disputes between parents of children with disabilities and school systems concerning identification, evaluation, placement, a manifestation determination, and/or the denial of a free appropriate public education (FAPE). The petition starts a proceeding against the school board. At the hearing an independent administrative law judge will determine the facts and law supporting your allegations about the educational services provided or not provided to your child. Normally, you have the burden of proving that the school board has violated the law and you must provide evidence and witnesses to support your allegations.

FILL IN BLANKS:

Fill in your county of residence on line (1). Special education cases are confidential and the Office of Administrative Hearings will not disclose your identity or that of your child, without authorization. Print the name of the student and guardian on line (2). Print the name of the school board about which you are complaining on line (3). Print the name of school or charter school that the student attends on line (4). Enter student's name on line (5); student's birth date on line (6). Enter the address of the student's home or residence on line (7). Enter the date of the manifestation determination decision on line (8).

In section (9) describe the problem and state the facts that support your Petition using additional pages if needed; and in section (10) describe the resolution or remedy you are seeking as a result of this contested case (additional pages may be attached if needed).

Enter the date on line (11), your telephone number on line (12), your email address, if you have one, on line (12a), your address on line (13), print your name on line (14), and **sign the petition on line** (15).

CERTIFICATE OF SERVICE:

You must mail or hand deliver a copy of your completed petition to the school board named on line (3) and complete the "Certificate of Service" section on your petition, entering the name of the Superintendent or the Director of Special Education of the school board to whom you mailed or delivered the petition on line (16). The name, address and phone number of the Superintendent and Director of Special Education may be obtained by asking the Principal at your child's school. Print the name of the school board on line (17), the address of the school board on line (18), sign your name on line (19) and enter the date on line (20).

FILING YOUR PETITION WITH THE OFFICE OF ADMINISTRATIVE HEARINGS:

Your contested case will commence or begin as soon as you file your completed **<u>original</u>** petition, properly signed, with the Office of Administrative Hearings. Below is the mailing and physical address:

Office of Administrative Hearings 1711 New Hope Church Road Raleigh, NC 27609 If you mail this petition form, the case commences or begins when it is <u>received and filed</u> in this office.

You may file your petition by fax during normal business hours by faxing the petition to the Clerk's Office at 984-236-1871. You may also file your petition by electronic mail by an attached file either in PDF format or a document that is compatible with or convertible to the most recent version of Word for Windows by sending the electronic transmission to <u>oah.clerks@oah.nc.gov</u>. Electronic mail without attached file shall not constitute a valid filing.

In addition to the above, <u>you must also</u> send a copy of this form to Melvin Diggs, Consultant for Dispute Resolution, Exceptional Children's Division of the NC Department of Public Instruction, 6356 Mail Service Center, Raleigh, NC 27699-6356 or by fax at 919-807-3243.

If you have any **questions** about how to complete this petition form, you should contact an attorney or call the North Carolina Department of Public Instruction, Exceptional Children's Division at 919-807-3969.