



**Susie Hedalen**  
**State Superintendent**  
opi.mt.gov

## **IDEA Expedited Due Process Hearing Request (Disciplinary Matters)**

**This complaint requests an expedited due process hearing which is available ONLY in certain situations related to disciplinary matters.**

The parent of a child with a disability who disagrees with any decision regarding placement under the Individuals with Disabilities Education Act (IDEA) discipline procedures (34 Code of Federal Regulations (CFR) 300.530 and 300.531), or the manifestation determination (34 CFR 300.530(e)), or Local Education Agency (LEA) who believes that maintaining the current placement of the child is substantially likely to cause injury to the child or others, may appeal the decision by requesting an expedited due process hearing.

This hearing must occur within 20 school days of the date the hearing request is filed with the OPI and shall result in a determination by the hearing officer within 10 school days after the hearing. The rules relating to IDEA expedited due process hearings can be found at 34 CFR §§ 300.532-300.533 and Administrative Rules of Montana 10.16.3528-10.16.3531.

Information about filing a request for an expedited due process hearing and the IDEA Special Education Part B Procedural Safeguards Notice are available on the OPI Special Education Dispute Resolution Website: <https://opi.mt.gov/Educators/School-Climate-Student-Wellness/Special-Education/Dispute-Resolution/Due-Process-Hearing>.

Use of this form is voluntary, and it is designed to assist the complainant in providing the information required for filing a request for an expedited due process hearing. Items marked with an asterisk (\*) are optional.

**Date of Request** \_\_\_\_\_ **This request is being initiated by the** ☐ Parent or ☐ Public Education Agency

### **Student Information**

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
(In the case of a homeless student, available contact information)

School Student is Attending or LEA Responsible for Service: \_\_\_\_\_

### **Parent Information**

Name of Parent: \_\_\_\_\_

Address: \_\_\_\_\_  
(If different from Student's above)

City/State/Zip: \_\_\_\_\_ \*Telephone: \_\_\_\_\_ \*Email: \_\_\_\_\_

**School District or Local Educational Agency**

Name of Representative or Contact (if known): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ \*Telephone: \_\_\_\_\_ \*Email: \_\_\_\_\_

**Date of Manifestation Determination:** \_\_\_\_\_

**Evidence of a Behavioral Assessment Plan** (may be attached to the complaint):

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**Statement of Problem** (attach additional pages or documents as necessary):

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**Proposed Resolution:**

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**Tentative Date(s) the parties have agreed to hold the expedited hearing:** \_\_\_\_\_

Signature of Party Requesting Hearing: \_\_\_\_\_

**The party filing a due process hearing request must provide a copy to the other party and to the OPI. Please indicate by checking the appropriate box that a copy was provided to the other party.**

If a parent is filing this complaint, a copy must be sent to the school district/public agency.

☐ Yes, I mailed a copy to the school district/public agency.

If a school district/public agency is filing this complaint, a copy must be sent to the parent.

☐ Yes, I mailed a copy to the parent.

**This request may be submitted by facsimile to the OPI at (406) 444-3924. The original signed request must be mailed to the Dispute Resolution Office and received within 3 business days.**

**Mail this form to: Dispute Resolution Office, Superintendent of Office of Public Instruction, P.O. Box 202501, Helena, MT 59620-2501**



*The OPI makes reasonable accommodations for persons with disabilities. If you need an alternative accessible format of notices or final report or have questions about accessibility, please contact the Dispute Resolution Office at (406) 444-2046.*