

REQUEST FOR DUE PROCESS HEARING OFFICER

1) Chief IL Dept. of Human Services Bureau of Hearings 69 West Washington Street, 4 th Floor Chicago, IL 60602	2) Chief IL Dept. of Human Services Bureau of Early Intervention 823 East Monroe Springfield, IL 62701	3) Enter the Child & Family Connections (CFC) Information for the child below: CFC # _____ CFC Name _____ CFC Address _____ CFC City, State, Zip Code _____
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I hereby request a due process hearing officer be appointed to resolve the dispute described below about the evaluation, identification, placement, delivery of services, or provision of appropriate services for the child below.

Section 1: Information about the Child and Family

Child's Last Name, First Name & Middle Initial _____
Child's Date of Birth (Month/Day/Year) _____ Phone Number _____
Parent/Guardian/Surrogate's Name(s) _____
Address _____
City, State & Zip _____ Primary Language _____

Section 2: Information about the Person requesting Due Process

Name _____
Address _____
City, State & Zip _____ Phone Number _____

Section 3: Service Delivery Agency(ies) and/or Provider(s) involved in the Dispute (Attach additional pages if needed)

Name 1 _____
Address _____
City, State & Zip _____ Phone Number _____
Name 2 _____
Address _____
City, State & Zip _____ Phone Number _____

Section 4: The nature of the problem regarding early intervention services for the child, including facts related to the problem (Section 4 - continued on next page):

Section 4: CONTINUED - The nature of the problem regarding early intervention services for the child, including facts related to the problem (Attach additional Section 4 pages if needed):

Section 5: Remedy being sought or proposed resolution (Attach additional pages if needed):

Attach supporting materials, the request and proposed remedy.

I understand that by requesting a due process hearing, I am hereby authorizing the release of the early intervention service records for the above child to the Department of Human Services, the hearing officer and any parties in the dispute, for the purpose of a resolution of the dispute. I also understand that an attorney will be appointed as a due process hearing officer for the above dispute, who will set pre-hearing and hearing dates and make a decision regarding the dispute after hearing the issues, testimony, and evidence.

Signature _____ Date _____

Printed Name _____

Address _____

City, State & Zip _____ Phone Number _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.