



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

PARENT (name): _____,
on behalf of
STUDENT (name): _____

LEA: _____

Petitioner: _____ Case Number: _____

v. _____

Respondent: _____ Impartial Hearing Officer: _____

NOTICE TO APPEAR

To: _____

This is to notify you that you are required to appear and to give testimony, under oath, as a witness at the Special Education Due Process Hearing in the above cause. The relevance of the requested testimony to this cause is:

Date: _____

Time: _____

Place: Office of Dispute Resolution
1050 First St. NE, Third Floor
Washington, DC 20002

This Notice to Appear is issued under the authority of the Individuals with Disabilities Education Act, 34 CFR § 300.512 - Hearing rights and the Office of Dispute Resolution Standard Operating Procedures. Any party to a Special Education Due Process Hearing has the right to present evidence and compel the attendance of witnesses who have knowledge of relevant facts or whose opinions are important for reaching an appropriate disposition on the merits of this case. If you refuse to appear, the party who requested this Notice to Appear may seek the order of an appropriate court with jurisdiction, pursuant to statute, to force your attendance and compliance. If you have any questions or objections to appearing, please call the person who requested this Notice to Appear noted below.

The exact time of your testimony cannot be determined prior to the date of the hearing. Under the hearing rules, please be advised that you will likely be excluded from the hearing room prior to your testimony. You are welcome to bring reading material or such other activities as you may need while waiting.



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Your appearance has been requested by,

Name:

Address:

Phone:

Date:

Hearing Officer Signature:

Date:

PROOF OF SERVICE

This will certify that a true and correct copy of this Notice to Appear was served on,

Name of Witness:

Date:

Time:

Manner of Service: [check one] Certified mail, return receipt requested
 Fax transmission
 Hand delivery

By:

(Person executing service)

Date: