

**Department of Juvenile Justice – Georgia Preparatory Academy
Request for Section 504 Due Process Hearing
Appendix J**

PLEASE PRINT REQUESTED INFORMATION

Date: ____/____/____

Name of Requesting Person(s): _____

Title of Requesting Person(s): _____ (e.g. parent, guardian, attorney)

Full Name of Child: _____
(Also provide informal/nicknames of child (e.g. Chuck for Charles))

Address of child's residence: _____
(Location of RYDC or YDC)

City _____ State _____ Zip _____

Reasons for Requesting Due Process Hearing:

Please address the following areas, providing facts and details concerning each as it pertains to your child's education services according to Section 504 provisions. (Please use reverse side if more space is needed).

Identification: _____

Evaluation: _____

Educational Placement: _____

Free Appropriate Public Education: _____

How would you like to see the concern(s) resolved? What do you want for this child that you see is necessary to meet his/her educational needs? _____

Mediation is available to you at no cost. Mediation is a non-adversarial process conducted by a qualified and impartial mediator who is trained in effective techniques to resolve disputes. If you choose to participate in the mediation process, it will not deny or delay your right to a due process hearing nor deny any other rights under Section 504 and it will be conducted at a time and place reasonably convenient to you and the child involved.

Are you willing to participate in the mediation process to try to resolve your concerns?

_____ Yes _____ No

Signature of Requesting Person _____

Date: ____/____/____