

**DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION**

Student Hearing Office
1150 Fifth Street, S.E.
Washington, DC 20003

PARENT NAME, on behalf of
STUDENT,*

Petitioner,

Hearing Officer:

v

Case No:

LEA,

Respondent.

NOTICE TO APPEAR

To: _____

This is to notify you that you are required to appear and under oath to give testimony 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: Special Education Student Hearing Office
1150 Fifth Street, S.E.
First Floor
Washington, DC 20003

This Notice to Appear is issued under the authority of the Individuals with Disabilities Education Act, 20 U.S.C. §1415(h)(2), 5 D.C.M.R. §3031.1(b), and §800.1(4), Student Hearing Office Standard Operating Procedures. Any party to a special education administrative 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

*If Student is a minor.

merits of this case. If you refuse to appear, the party who requested this subpoena 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 subpoena 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 might 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 to pass the time while waiting.

Your appearance has been requested by:

Name: _____

Address: _____

Phone: _____

Date: _____

Hearing Officer

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:

____ Certified mail, return receipt requested

____ Fax transmission

____ Hand delivery

By: _____
(Person executing service)

Date: _____