

REQUEST FOR A HEARING
Wisconsin Birth to 3 Program

This form has been developed to assist parents in requesting a hearing in writing. Use of this *Request for a Hearing* form is voluntary. However, using this form assures that the required written information is received and that the hearing occurs in a timely manner.

Instructions: Complete two copies of this form. Provide all the information requested. Send one copy to the address below and keep one copy for your records. You will be contacted by DHS regarding your hearing request.

Name – Child (Last, First, MI) *	County Responsible for Early Intervention Services
Name – Party Requesting Hearing *	Relationship to the Child
Address of Requesting Party *	Telephone Number – Daytime *

* This confidential information is required to arrange for the hearing and will only be used for that purpose. Any information given during the hearing process is confidential unless the parent requests that the hearing be open to the public.

State the specific reasons for requesting a hearing. Include a description of the nature of the dispute, including facts relating to the problem. (Use additional sheets or back if necessary.)

Propose a resolution of the problem, to the extent known at this time. (Use additional sheets or back if necessary.)

SIGNATURE – Party Requesting the Hearing	Date Signed
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For additional information, contact the Birth to 3 Program at 608-266-8276.

Submit one copy of completed form to: Birth to 3 Program/Mediation
PO Box 7851
Madison, WI 53707-7851

For DHS Use ONLY	
Date Received	Hearing Date