**The Commonwealth of Massachusetts**

 **Division of Administrative Law Appeals**

 **Bureau of special education appeals**

**14 Summer Street, 4th floor**

**malden, ma 02148**

**Tel. 781-397-4750**

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**http://www.mass.gov/dala/bsea**

**HOW TO REQUEST A DIFFERENT HEARING DATE**

1) Fill out the form on the back of this paper completely.

2) Check box to indicate whether you are requesting an advancement (moving the Hearing to an earlier date) or a postponement (moving the Hearing to a later date).

If a postponement is allowed both the Hearing date and the date of Decision issuance will be delayed.

3) Be sure to explain why you want to change the date. The Hearing Officer will not allow a change unless there is good cause to do so.

4) Send a copy of your request to the BSEA and to all the other Parties in the matter at the same time.

5) The Hearing Officer must have your request to change a Hearing date at least six (6) days before the scheduled Hearing.

6) A proposed alternate date or a specific length of time sought must be provided. Hearing dates cannot be changed to an unidentified date.

**CHANGE OF HEARING DATE REQUEST FORM**

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of School District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

BSEA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hearing Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hearing Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is a request to: \_\_\_\_\_\_\_\_ Advance the Hearing

 \_\_\_\_\_\_\_\_ Postpone the Hearing

 for a period of \_\_\_\_\_\_\_\_ days/weeks; or to \_\_\_\_\_\_\_\_\_\_\_ (date certain)

This request is submitted by:

 \_\_\_\_\_\_\_\_Parent \_\_\_\_\_\_\_\_School \_\_\_\_\_\_\_\_Another Party (explain) \_\_\_\_\_\_\_All Jointly

Reason for requesting a change of date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that a postponement will delay the Hearing and the Decision.

Please sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Alternate Hearing Date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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