|  |
| --- |
|  |

***北卡罗来纳州婴幼儿计划***

# **家长要求调解和/或行政相关程序的申请书**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **儿童姓名：** | | |  | | | | | | | | | | | | **出生日期：** | | |  | | | | |
| 儿童地址： | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |
| 家长姓名： | | | |  | | | | | | | | | | | | | | | | | | |
| 家长地址： | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |
| 家长电话： | | | |  | | | | | | | 最佳通话时间： | | | | |  | | | | | | |
|  | | | |  | | | | | | |  | | | | |  | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 申诉对象机构名称： | | | | |  | | | | | | | | | | | | | | | | | |
| 申诉对象个人姓名（如适用）： | | | | | | | | |  | | | | | | | | | | | | | |
| 地址： | |  | | | | | | | | | | | | | | | | | | | | |
| 电话： | |  | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 请提供一份事实陈述，说明申诉的性质。（如有必要，可另附一页）。 | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 本人了解，通过填写此表格并将其提交给以下地址的北卡罗来纳州婴幼儿计划， 本人正式申请调解和/或行政相关程序听证会。 | | | | | | | | | | | | | | | | | | | | | | |
| 本人了解，在解决分歧方面，本人在北卡罗来纳州婴幼儿计划下享有某些儿童和家庭权利。本人已收到*《北卡罗来纳州婴幼儿计划儿童和家庭权利通知》*的副本。本人已被告知并理解本人在该婴幼儿计划下的权利。 | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |  |  | | | | | |  | | |
|  | *家长签名* | | | | | | | | | | | |  | *日期* | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Early Intervention Section Part C Director  Division of Child and Family Well-Being  1916 Mail Service Center  Raleigh, NC 27699-1916 | | | | | | |  | **For Office Use Only** | | |  | | | | | | |  | | | |  |
|  | | | | | | |  | Date received by CDSA | | | | |  | | | | | N/A | | | |  |
|  | | | | | | |  | Date received by Early Intervention Section Central Office | | | | | | | | | | | |  | |  |
|  | | | | | | |  |  | | | | | | | | | |  | | | |  |