

Potential Witness List for Special Education Due Process Case

Student Name _____ Student ID Number _____

School _____ Phone _____ Fax _____

School Contact (name & direct line) _____

Name	Title/Location	Contact Numbers	Email

Please describe any special considerations for witness preparation meetings and/or Hearing dates:

Please fax to:
 ATTN: Special Education Attorney
 School Board Attorney’s Office
 1450 NE 2nd Avenue, Suite 430
 Miami, FL 33132
 305-995-1304 (phone)
 305-995-1412 (fax)