

WASHINGTON STATE
OFFICE OF ADMINISTRATIVE HEARINGS

IN THE MATTER OF

[CASE NAME]

Docket no. enter docket no.

Cause no. enter cause no.

[PARENT'S / DISTRICT'S] WITNESS LIST

The [Parent / District] hereby lists the following known or potential witnesses for the hearing in the above-referenced matter currently scheduled for [enter hearing date(s)].

1. *Name of witness, title, address if applicable, phone number if applicable. Summarize what witness #1 will testify about.*

*[i.e. **Jane Doe**, special education teacher, Washington State School, 123 4th Ave SW, City, WA 99999. Ms. Doe is a special education teacher and case manager for Student and a participating member of Student's Individualized Education Program (IEP) teams for the [20XX-20XX and 20XX-20XX] school years. Ms. Doe will testify regarding her work with Student; Student's progress; Student's IEP team meetings during the [20XX-20XX] and [20XX-20XX] school years; communications with Students and Parents; and other related matters.]*

2. *Name of witness, title, address if applicable, phone number if applicable. Summarize what witness #2 will testify about.*

*[i.e. **Mother**. Mother will testify regarding Student; Student's records; Student's progress and educational needs; communications with District staff and private education and therapeutic providers and/or evaluators; and other related matters.]*

3. *Name of witness, title, address if applicable, phone number if applicable. Summarize what witness #3 will testify about.*

. . . . [List all potential witnesses.]

The [Parent / District] reserves the right to call additional witnesses in response to [Parent's / District's] *presentation in this matter.*

Dated this _____ day of _____, [year].

/s/

By: *Name of person submitting document*

Title

CERTIFICATE OF SERVICE

I certify under penalty of perjury under the laws of the State of Washington that I sent the [Parent's / District's] Witness List to the following:

Sent Via Facsimile/Email/U.S. Mail

Name

Mailing Address

Email Address if applicable

Fax No. if applicable

Sent Via Facsimile/Email/U.S. Mail

Name

Mailing Address

Email Address if applicable

Fax No. if applicable

DATED this _____ day of _____, [year].

/s/

By: Name, Title