



**REQUEST FOR EDUCATIONAL
BEST INTEREST DETERMINATION**

Mag. Dist. No:

MDJ Name:

Address:

Telephone:

PETITIONER:

NAME and ADDRESS

RESPONDENT:

NAME and ADDRESS

Docket No:

Case Filed:

TO THE MAGISTERIAL DISTRICT JUDGE:

I hereby request this court to hold an Educational Best Interest Determination Hearing.

Non-Petitioning Parent/Guardian or Child's Name:

Address:

I verify that the facts set forth in this complaint are true and correct to the best of my knowledge, information, and belief. This statement is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) related to unsworn falsification to authorities.

I certify that this filing complies with the provisions of the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania that require filing confidential information and documents differently than non-confidential information and documents.

(Signature of Petitioner)

