



DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
 One Judiciary Square
 441 Fourth Street, NW
 Washington, DC 20001-2714
 (202) 442-9094 Phone (202) 442-4789 Fax



Case Number(s): _____

CERTIFICATE OF SERVICE

You must send copies of any papers you file at OAH to the other party. By signing this form, you are stating that you sent copies.

My Name: _____

My Address: _____

City	State	Zip Code
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My Telephone Number(s): _____

My Fax #: _____

I have sent a copy of this document to the other party _____ (their name), on

_____ (date):

- By **Fax** to this number: _____
- By **Mail** to the address below, OR
- By **Hand-delivery** to the address below

 (Address of other party)

City	State	Zip Code
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My Signature **Date**