DISTRICT OF COLUMBIA OFFICE OF ADMINISTRATIVE HEARINGS 441 4th Street NW, Suite 450 North Washington, DC 20001

PUBLIC SECTOR WORKERS' COMPENSATION PROGRAM HEARING REQUEST FORM

Use this form to request a hearing before an Administrative Law Judge to appeal a decision (Notice of Determination) of the Office of Risk Management ("ORM") concerning public sector workers' compensation benefits.

READ INSTRUCTIONS HERE AND ON THE REVERSE SIDE

For Help and Information, call (202) 442-9094

<u>APPEAL DEADLINE:</u> Your request must be received by the Office of Administrative Hearings within **thirty** (**30**) calendar days of the date that ORM issues a decision. If the 30-calendar-day filing deadline falls on a Saturday, Sunday or a legal holiday, the deadline is extended to the next business day OAH is open.

If you file a request after the deadline, the judge may dismiss your case. You are responsible for making sure your request is filed before the appeal deadline.

No one is authorized to give you different instructions about the deadline.

Please submit <u>with this form</u> a copy of the ORM Decision you are appealing and any attachments. You may submit this form first, but we cannot schedule a hearing or proceed with your case until you submit a copy of the ORM Decision you are appealing.

| Claimant's Name: | Representative (if any): |
|---|--------------------------|
| Claimant's FULL Address (with unit number, zip code): | |
| | |
| Claimant's Telephone: | |
| Claimant's Email: | Rep.'s Telephone: |
| Claim Number: | Rep.'s Fax: |
| | Rep.'s Email: |

Type of Decision Being Appealed:

Initial award denying compensation benefits pursuant to D.C. Code § 1-623.24(b);

Final decision concerning the necessity, character or sufficiency of medical care or services following an appeal of a utilization review pursuant to D.C. Code § 1-623.23(a-2)(4);

Modification of awarded benefits pursuant to D.C. Code § 1-623.24(d)

Request for a determination of whether a claimant has a permanent disability pursuant to D.C. Code § 1-623.06a.

Date of Decision:

Employing Agency When Injury Occurred: ______

TURN OVER FOR MORE INSTRUCTIONS

 $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$

Reason for Disagreement with ORM Decision (Please state the reason(s) why you consider the decision to be incorrect, provide the key facts in support of each reason, and what you want the ALJ to do. Use additional paper if necessary):

| | | |
|------|------|--|
| | | |

I have read this Hearing Request Form and I swear or affirm that the contents are true and accurate to the best of my knowledge

| CLAIMANT/REP'S SIGNATURE | :DATE: |
|--------------------------|--------|
|--------------------------|--------|

Will you need an INTERPRETER for the hearing? If so, what LANGUAGE?

Will you need a reasonable accommodation? Please explain:

<u>WHERE TO FILE</u>: You MUST file your appeal with the <u>Office of Administrative Hearings</u>. Do not file your request with ORM or with the Department of Employment Services.

• You may file a request by mail, in person, by fax or by email:

<u>By Mail or In Person</u>. You may file a request in person, weekdays between 9:00 a.m. and 5:00 p.m., or by mail at the following address. You will need photo identification to enter the building:

Office of Administrative Hearings One Judiciary Square 441 Fourth Street, NW, Suite 450 North Washington, DC 20001-2714

If filed by mail, your request must be received by OAH by the appeal deadline.

By Fax. You may file an appeal by fax to (202) 442-4789. Faxes received after 5:00 p.m. or on any non-business day are considered "filed" on the next business day. An appeal sent by fax will not be filed unless it is complete and legible when received.

<u>By Email</u>. You may file an appeal by email to **OAH.FILING@DC.GOV**. Attach a completed copy of this form to your email.

<u>**RULES**</u>: The Rules of Procedure for the Office of Administrative Hearings may be found at <u>oah.dc.gov</u> and in the Office of Administrative Hearings Resource Center.