

**DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS**

One Judiciary Square

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Washington, DC 20001-2714

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COVID-19 HEARING MODIFICATION REQUEST

This request is not approved unless granted by an Administrative Law Judge.

Name of Party: _____

OAH Case Number: _____

Date and time of Hearing: _____

UNBLOCKED telephone number: _____

Request type (please select one):

- Appear by telephone.
- Postpone my hearing.

Reason for request (select all that apply):

- I am or a close family member is sick
- I have travelled internationally within the last 60 days
- I have been in close contact with someone who shows the symptoms of COVID-19
- My child's school is closed
- I have a compromised immune system and/or am over 60 years of age
- Other (explain) _____

OAH Receipt information:

Legal Assistant name

Date received.

GRANTED DENIED

Judge name

Judge signature

Date of signature

New hearing date and time, where applicable.