

**DISTRICT OF COLUMBIA**

**OFFICE OF ADMINISTRATIVE HEARINGS**

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

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**REQUEST FOR EMERGENCY HEARING IN PUBLIC BENEFITS CASE**

**For Use During Public Health Emergencies Only**

**Medicaid, Personal Care Aide, Shelter, Rental Assistance, SNAP, TANF,  
Interim Disability Assistance, Health Benefit Exchange, or Nursing Home/Group Home**

**1. Contact Information:**

Name: _____	Name, address, email, and phone number of family member or other representative (if any): _____ _____ _____ _____
Address: _____ _____	
Email: _____	
Phone: _____	
Medicaid ID: _____	

**2. Office of Administrative Hearings (OAH) Case:**

My OAH case number (if known) is: _____	What kind(s) of benefits are involved? _____ _____
Agency case number (if any): _____	

**3. Reason for Request (check all that apply, if any):**

<input type="checkbox"/> I was receiving benefits, services, or subsidy payments that have now <b>stopped</b> .	<input type="checkbox"/> My request for <b>increased</b> benefits, services, or subsidy payments was <b>denied</b> .
<input type="checkbox"/> I was receiving benefits, services, or subsidy payments that are now <b>reduced</b> .	<input type="checkbox"/> My benefits, services, or subsidy payments are <b>about to be stopped or reduced</b> , even though I have requested a fair hearing.
<input type="checkbox"/> My request for <b>new</b> benefits, services, or subsidy payments was <b>denied</b> .	<input type="checkbox"/> I have an <b>emergency need for shelter</b> .

**4. Please explain why you need an emergency hearing:**

**5. Name of representative making request (if applicable):** \_\_\_\_\_

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<hr/> <p style="text-align: center;">Petitioner</p> <p style="text-align: center;">v.</p> <hr/> <hr/> <p style="text-align: center;">Respondent(s).</p>	<p>Case No.: _____</p>
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**ORDER ON REQUEST FOR EMERGENCY HEARING**

The Office of Administrative Hearings of the District of Columbia is subject to a Public Health Emergency. Petitioner has filed the attached Request for Emergency Hearing.

The request is **GRANTED**. The Emergency Hearing will be by teleconference. Each party must call in by telephone at the scheduled date and time:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Call-in telephone number: \_\_\_\_\_

Call-in access code (passcode): \_\_\_\_\_

Please be prepared to wait on the line for your case to begin. OAH is scheduling many hearings, and you may have to wait for the judge to finish another hearing before starting yours.

The request for an emergency hearing is **DENIED**, without prejudice, because

Petitioner \_\_\_\_\_ may file another Request for Emergency Hearing with new or additional information.

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**SO ORDERED**, this \_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Administrative Law Judge

## Certificate of Service

**By Email:**

**By Email:**

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Economic Security Administration  
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I hereby certify that on \_\_\_\_\_, 2020  
copies of this document were served upon the  
above-named parties at the addresses and by  
the means stated.

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Clerk/Deputy Clerk