



DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
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Special Education Invoice Dispute/Nonpayment Appeal Form

You may use this form if you submitted an invoice to the Office of the State Superintendent of Education (OSSE) or a local education agency (LEA), such as a D.C. Public School (DCPS), for the payment or reimbursement of special education service, and OSSE or the LEA denied payment or has not issued payment by the required deadline. If you received a denial notice, please include a copy of the notice with this appeal form.

Section 1 – Contact Information

Check one: <input type="checkbox"/> Special Education School/Program <input type="checkbox"/> Special Education Provider <input type="checkbox"/> Parent	
Name:	Mailing Address:
Telephone:	
Email Address (<i>if any</i>):	Your Ward (<i>if known</i>):
<input type="checkbox"/> Consents to receive documents by email only	
<i>If you have a representative for this case:</i>	
<input type="checkbox"/> Non-Attorney Representative (as allowed by OAH Rule 2835) <input type="checkbox"/> Attorney	
Representative Name	Representative Telephone:
Representative Email Address:	Representative Mailing Address:
<input type="checkbox"/> Consents to receive documents by email only	

Section 2 – Invoice Information

Invoice submission date(s): _____

Did you receive a dispute notice? YES NO

If Yes, please include a copy of the notice with this form.

Section 3 – Why do you need a hearing?

In the space below, briefly describe your reason for filing an appeal and any key dates involved. Use an additional page if needed.

Section 5 – Language Access

Do you need OAH to provide an interpreter to help you participate in the hearing?

Yes No

If yes, what language do you need? _____

Section 6 – Reasonable Accommodation

Do you need a reasonable accommodation to help you participate in the hearing?

Yes No

If yes, please explain: _____

Section 7 – Who Prepared the Appeal?

Signature of the person who prepared the appeal:

Signature

Print Name

Date

Email, telephone, mailing address of person who prepared the appeal (if not printed above):