



DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
 441 4TH STREET, NW, SUITE 450 NORTH
 WASHINGTON, DC 20001-2714



Tel: (202) 442-9094 • Fax: (202) 442-4789 • Email: oah.filing@dc.gov
 eFiling: <https://ecourt.oah.dc.gov/public-portal>

_____ Petitioner(s), v. _____ Respondent(s)	Case No(s).: _____ _____ _____
---	--

Blank Submission Form

*You may use this form if OAH does not have a standard form for the type of request or notice you want to make. You must send a copy to the other party and **complete and the attached Certificate of Service.***

Party Name: _____	Representative (if party has one): _____
Address: _____	Address: _____
_____ Ward: _____	_____
Telephone: _____	Telephone: _____
Email: _____	Email: _____
<input type="checkbox"/> I consent to receive documents by email (OAH Rule 2841.16)	<input type="checkbox"/> I consent to receive documents by email (OAH Rule 2841.16)

In the space below, describe what you want the court to know or what you want the court to do and your reasons the court should do it. Use an additional page if needed.

Name of person preparing request or providing information: _____

Signature: _____ Date: _____



DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
 441 4TH STREET, NW, SUITE 450 NORTH
 WASHINGTON, DC 20001-2714



Tel: (202) 442-9094 • Fax: (202) 442-4789 • Email: oah.filing@dc.gov
 eFiling: <https://ecourt.oah.dc.gov/public-portal>

Certificate of Service

I have sent a copy of the attached documents to the other party(s) in this case. They are listed below:

Name: _____

Address: _____

Date sent: _____

Method of Delivery:

Mail Commercial Carrier Hand Delivery

Fax, to: _____

Email, to: _____

(Email is allowed only if the party has agreed in writing)

Name: _____

Address: _____

Date sent: _____

Method of Delivery:

Mail Commercial Carrier Hand Delivery

Fax, to: _____

Email, to: _____

(Email is allowed only if the party has agreed in writing)

If you sent documents to more than two people, provide the above information for the additional people on a separate sheet of paper.

Name of person providing information: _____

Signature: _____ Date: _____