GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF ADMINISTRATIVE HEARINGS



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Petitioner(s),	Case No.:
v.	
Respondent(s)	
	SUBMISSION FORM
request or notice you want to make. Yo	nistrative Hearings (OAH) does not have a standard form for the type of ou must send a copy to the other party, with a completed Certificate of l, attach this form, and send the email to oah.filing@dc.gov.
Name:	Representative (if party has one):
Address:	Address:
	Ward:
Telephone:	Telephone:
Email:	Email:
	for your submission and what you are seeking from the Administrative ation the court should know. Use an additional page if needed.
Name of person preparing request or provid	ling information:
Signature:	Date:

OAH Form Gen-003 Rev. 11/2024

CERTIFICATE OF SERVICE

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

PARTY:	METHOD OF DELIVERY:
Name:	
Address:	Commercial Carrier
Date sent:	
	☐ Email, to:
PARTY:	METHOD OF DELIVERY:
Name:	
Address:	Commercial Carrier
Date sent:	☐ Fax, to:
	☐ Email, to:
If you sent documents to more than on a separate sheet of paper.	two people, provide the above information for the additional people
Name of person providing information	1:
Signature:	Date: