

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF ADMINISTRATIVE HEARINGS



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|                                               |                 |
|-----------------------------------------------|-----------------|
| Petitioner(s),<br><br>v.<br><br>Respondent(s) | Case No.: _____ |
|-----------------------------------------------|-----------------|

**SUBMISSION FORM**

*You may use this form if Office of Administrative Hearings (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, **with a completed Certificate of Service** (see attached). If filing by email, 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: _____                             |

In the space below, describe the reason for your submission and what you are seeking from the Administrative Law Judge, along with any other information the court should know. Use an additional page if needed.

Name of person preparing request or providing information: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date sent: \_\_\_\_\_

**METHOD OF DELIVERY:**

Mail

Commercial Carrier

Hand Delivery

Fax, to: \_\_\_\_\_

Email, to: \_\_\_\_\_

**PARTY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date sent: \_\_\_\_\_

**METHOD OF DELIVERY:**

Mail

Commercial Carrier

Hand Delivery

Fax, to: \_\_\_\_\_

Email, to: \_\_\_\_\_

**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: \_\_\_\_\_