

DISTRICT OF COLUMBIA OFFICE OF ADMINISTRATIVE HEARINGS

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eFiling: https://ecourt.oah.dc.gov/public-portal

General Hearing Request Form

If OAH does not have a specific hearing request form for your case type, you can use this form to request a hearing. **Please include a copy of any notice or decision you are appealing.** It is your responsibility to determine whether OAH is the right place to file your hearing request. If OAH does not have authority to decide your dispute, your case will be dismissed.

Section 1 – Contact Information

Print Your Name:	Your Mailing Address:		
Your Telephone:			
Your Email Address (if any):	Your Ward (if you know):		
☐ I consent to receive documents by email only			
If you have a representative for this case:			
□ Non-Attorney Representative (as allowed by OAH Rule 2835) □ Attorney			
Representative Name:	Representative Telephone:		
Representative Email Address:	Representative Mailing Address:		
☐ Consents to receive documents by email only			
Section 2 – Who is the other party to the case?			
If there is more than one other party, include the information of the other parties on a separate page.			
Party Name:	Party Telephone:		
Darty Email Addrage (if you know):	Dorty Mailing Addrage		
Party Email Address (if you know):	Party Mailing Address:		

Section 3 – Why do you need a hearing?

	e a short description of your dispute, o. Use an additional page if needed.	any key dates involved, and what
Section 5 – Langua	ge Access	
_	rovide an interpreter to help you part	icipate in the hearing?
□ YES □ NO		
If YES, what langua	ge do you need?	
Section 6 Pageon	able Accommodation	
	ble accommodation to help you partic	cipate in the hearing?
☐ YES ☐ NO	17 1	
If YES, please explai	n:	
	repared the Hearing Request? who prepared the hearing request:	
Signature of the person	who prepared the hearing request.	
Signature	Print Name	 Date
Eman, telephone, maili	ng address of person who prepared h	earing request (if not printed above):

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