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).: _____

_____

Notice of Appearance (for a Non-Attorney)

Use this form if you are **not a lawyer** but you want to represent a party in an OAH case. **A non-attorney can only represent a party as allowed by the OAH Rules**. OAH Rule 2835 covers representation by non-attorneys. Additional rules for unemployment benefits cases are in OAH Rules 2982. Additional rules for public benefits cases are in OAH Rule 2972. Additional rules for rental housing cases are in OAH Rule 2935. **You must provide a copy of this form to the other party and complete the attached Certificate of Service**.

Name (please print): _____

Address: _____

_____

Telephone: _____

Email: _____

☐ I consent to receive documents by email (OAH Rule 2841.16)

I am the representative for the:

☐ Petitioner(s)   ☐ Respondent(s)

In the space below, briefly describe your relationship to the party:

By signing this form, I certify that I meet the requirements of the OAH Rules and that I have obtained the consent of the party I am representing. I understand that the party can withdraw their consent at any time.

Signature: _____   Date: _____

OAH Form: Gen-010
Rev. 06/13/23

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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: _____