



**DISTRICT OF COLUMBIA  
OFFICE OF ADMINISTRATIVE HEARINGS**  
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WASHINGTON, DC 20001-2714



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<p>_____</p> <p>Petitioner(s),</p> <p>v.</p> <p>_____</p> <p>Respondent(s)</p>	<p>Case No(s): _____</p>
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### Request to Change a Final Order

*You may use this form to ask the Administrative Law Judge to change a Final Order after it has been issued, **but only if you have not appealed the Final Order to another court.** By filing this form with OAH, you certify that you have not filed an appeal with another court. Use an additional page if needed. You must also send a copy of your request to the other party and **complete 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)

If you lost because you **did not file a required document** (such as an answer to a Notice of Violation or a Claim Examiner's Determination), explain why you did not file it on time:

If you think the Final Order is **wrong or unfair**, explain why:

Name of person preparing request: \_\_\_\_\_

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:

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

**Method of Delivery:**

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

Mail     Commercial Carrier     Hand Delivery

\_\_\_\_\_

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

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

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

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

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

**Method of Delivery:**

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

Mail     Commercial Carrier     Hand Delivery

\_\_\_\_\_

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

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

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: \_\_\_\_\_