



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): _____ _____
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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. You must also send a copy of your request to the other party and **complete the attached Certificate of Service.** See **OAH Rule 2828** for other important information about this type of request. The OAH Rules are available online at <https://oah.dc.gov/page/rules-laws>.*

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)

In the space below, explain why you think the Final Order is wrong and should be changed. Depending on when you file this form, the judge may only be able to change a final order for specific reasons. See OAH Rule 2828 for a list of those reasons. Clearly state and briefly explain each reason for your request. Use an additional page if needed.

Name of person preparing request: _____

Signature: _____ Date: _____



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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: _____

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: _____