



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 for a New Hearing

*You may use this form to ask the Administrative Law Judge to schedule a new hearing if you **missed a hearing** or if you **received a default Final Order** because you did not file a required document (such as an agency determination or an answer to a Notice of Violation). Use an additional page if needed. You must 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: _____

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

Date of missed hearing (if you were scheduled for a hearing): _____

In the space below, explain why you missed your hearing or why did not file the required document:

In the space below, briefly explain your legal claim or defense regarding the issue(s) in the case:

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: _____