

DISTRICT OF COLUMBIA
Office of Administrative Hearings
441 4th Street, NW, Suite 450-North
Washington, DC 20001

REQUEST FOR A HEARING (SHELTER)

I am a (n): **APPLICANT** for benefits **RECIPIENT** of benefits

I am requesting a hearing because I disagree with the action(s) of a shelter subject to the Homeless Services Reform Act.

Section 1 Shelter Action(s): _____

Section 2 Reason(s) for Disagreeing with Shelter's action: (additional space on back if needed) _____

Section 3 What do you want the judge to do? (additional space on back if needed) _____

Section 4 Do you require special services of any kind to help you participate in the hearing? (Language translation, sign language interpreter, etc.) **Yes** **No** If Yes, what service is required? _____

Section 5 – Contact Information

Name of Applicant/Recipient (please print):

Name: _____

Name of Shelter: _____

Address: _____

Shelter Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone No.: _____

Telephone No.: _____

Signature: _____

Case Manager: _____

Date: _____

Attorney/Representative (if any):

Person preparing request (if other than applicant):

Name: _____

Print name: _____

Address: _____

Signature: _____

City, State, Zip: _____

Office/Center (if DHS): _____

Telephone No.: _____

Telephone No.: _____

