



DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
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Request to Appeal a Behavioral Health Decision or Action

Use this form if you want a hearing before an Administrative Law Judge because you disagree with a decision, action, or inaction by the Department of Behavioral Health (DBH) or a DBH provider. Attach a copy of the decision if you have one.

Section 1 – Contact Information

Print Your Name:	Your Mailing Address:
Your Telephone:	
Your Email Address (if any):	Your Ward (if you know):
<input type="checkbox"/> I consent to receive documents by email only	
<i>If you have a representative for this case or if you have a case manager (check which apply):</i> <input type="checkbox"/> Non-Attorney Representative <input type="checkbox"/> Attorney <input type="checkbox"/> Case Manager	
Name of Representative or Case Manager:	Address of Representative or Case Manager:
Telephone:	
Email Address:	Agency (if any):
<input type="checkbox"/> Consents to receive documents by email only	

Section 2 – Why do you need a hearing?

- ☐ I receive a **Home First Subsidy**. My subsidy was or is about to be **reduced, suspended, or terminated**.
- ☐ I live in a **Mental Health Community Residence Facility**. I was or am about to be **discharged or transferred** from the facility or **relocated** within the facility.
- ☐ I made a **complaint** about my DBH service provider. I disagree with the outcome of DBH's review process.
- ☐ Other (please explain): _____
- _____

Section 3 – Facility or Provider Information (if applicable)

Facility or Provider Name: _____

Facility or Provider Address: _____

In the space below, give the reason(s) you disagree with DBH's or a provider's action(s) and what you want the judge to do. Use an additional page if needed.

Section 4 – Language Access

Do you need OAH to provide an interpreter to help you participate in the hearing?

☐ YES ☐ NO

If YES, what language do you need? _____

Section 5 – Reasonable Accommodation

Do you need a reasonable accommodation to help you participate in the hearing?

☐ YES ☐ NO

If YES, please explain: _____

Section 6 – Who Prepared the Hearing Request?

Signature of the person who prepared the hearing request (unless the request was by phone):

Signature

Print Name

Date

Email, telephone, mailing address of person who prepared hearing request (if not printed above):

Do not fill out this box. The OAH Clerk's Office will fill it out.

Received by _____ Date: _____