

**GOVERNMENT OF THE 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

<i>Filing Party Information:</i>	
Your Name:	Your Mailing Address:
Your Telephone:	
Your Email Address (<i>if any</i>):	Your Ward (<i>if known</i>):
<input type="checkbox"/> I consent to receive documents by email only.	
<i>Representative or Case Manager Information (check the box which applies):</i>	
<input type="checkbox"/> Non-Attorney Representative <input type="checkbox"/> Attorney <input type="checkbox"/> Case Manager	
Representative or Case Manager Name:	Representative or Case Manager Address:
Representative or Case Manager Telephone:	
Representative or Case Manager Email Address:	Organization (<i>if any</i>):

SECTION 2 – FACILITY OR PROVIDER INFORMATION (IF APPLICABLE)

Facility or Provider Name: _____

Facility or Provider Address: _____

SECTION 3 – WHY ARE YOU REQUESTING 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*): _____

In the space below, give the reason(s) you disagree with DBH’s or a provider’s action(s) and what you are seeking from the Administrative Law Judge, along with any other information the court should know. 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):

Preparer’s Name (*printed*): _____

Address: _____

Telephone: _____ Email: _____

Preparer’s Signature _____ Date _____

FOR CLERK’S OFFICE USE ONLY
Received by: _____ Date: _____