



DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
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 WASHINGTON, DC 20001-2714



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Request to Appeal a Shelter 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 a shelter provider subject to the Department of Human Services (DHS). Attach a copy of the shelter provider's decision if you have one.

Section 1 – Contact Information

Print Your Name:	Your Mailing Address:
Your Telephone:	
Your Email Address (<i>if any</i>):	Your Ward (<i>if you know</i>):
<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 (<i>if any</i>):
<input type="checkbox"/> Consents to receive documents by email only	

Section 2 – Shelter Information

Shelter Name: _____

Shelter Address: _____

My household includes young children. Ages: _____

I have special medical/health needs. Explain: _____

I am in a Domestic Violence Program

Section 3 – Why do you need a hearing?

I was or am about to be **terminated** from a shelter.

Date of the termination? _____ Date of the notice? _____

I was or am about to be **suspended** from a shelter.

Starting and ending dates of the suspension? _____

Date of the notice? _____

I was or am about to be **transferred** to another shelter.

Date of the transfer? _____ Date of the notice? _____

My **rights** as a shelter resident were violated.

Other (please specify): _____

In the space below, give the reason(s) you disagree with the shelter'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: _____