



DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
441 4TH STREET, NW, SUITE 450 NORTH
WASHINGTON, DC 20001-2714



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Request for an Emergency Hearing in a Public Benefits Case

*Use this form if you want an **emergency hearing** before an Administrative Law Judge because you disagree with a decision, action, or inaction regarding any of the following public benefits: Medicaid, Personal Care Aide, Shelter, Rental Assistance, SNAP, TANF, Interim Disability Assistance, Health Benefit Exchange, or Nursing Home/Group Home. **If you received a notice, please include a copy with this form.***

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 (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 – Case Information

My OAH case number (if known): _____

Agency case number (if any): _____

What kind of benefits? _____

Section 3 – Why do you need a hearing?

Check all the boxes that apply in your case

- ☐ I was receiving benefits, services, or subsidy payments that have now **stopped**.
- ☐ I was receiving benefits, services, or subsidy payments that are now **reduced**.
- ☐ My request for new benefits, services, or subsidy payments was **denied**.
- ☐ My request for **increased** benefits, services, or subsidy payments was denied.
- ☐ My benefits, services, or subsidy payments are **about to be spotted or reduced**, even though I have requested a fair hearing.
- ☐ I have an **emergency need for shelter**

In the space below, explain why you need an emergency hearing. Use an additional page if needed.

Section 5 – 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 6 – Reasonable Accommodation

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

☐ YES ☐ NO

If YES, please explain: _____

Section 7 – 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: _____