



DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
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Paid Family Leave Benefits Appeal Form

*Use this form to request a hearing before an Administrative Law Judge because you disagree with a determination by the Office of Paid Family Leave (OPFL) concerning paid family leave benefits. Your hearing request must be filed with OAH **within 60 calendar days** after the date OPFL issued either the initial claim determination or, if you requested reconsideration, a new determination. **You must include with this form a copy of the determination you are appealing.***

Section 1 – Contact Information

Your Name:	Your Mailing Address:
Your Telephone:	
Your Email Address:	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 (check which one applies):</i>	
<input type="checkbox"/> Non-Attorney Representative (as allowed by OAH Rule 2835) <input type="checkbox"/> Attorney	
Representative Name:	Representative Telephone:
Representative Email Address:	Representative Mailing Address
<input type="checkbox"/> Consents to receive documents by email only	

Section 2 – Why do you need a hearing?

I was **denied benefits** and want to appeal:

- ☐ my **eligibility** for benefits.
- ☐ a **provisional denial** of benefits because of missing information.
- ☐ Other (briefly explain): _____

I was **approved for benefits** but want to appeal:

- ☐ my **weekly benefit amount**.
- ☐ the **date benefit payments begin**.
- ☐ the **number of weeks I may receive benefits**.
- ☐ Other (briefly explain): _____

→ → → **Continue to second page** → → →

Section 3 – Determination Information

I am appealing and have attached a copy of the:

- ☐ Initial claim determination Date of determination: _____
- ☐ New determination after reconsideration Date of determination: _____

You must include a copy of the determination you are appealing with this appeal form.

In the space below, briefly describe why you disagree with the reasons OPFL gave for the determination 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:

Signature

Print Name

Date

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

