

Rev. 08/03/22

DISTRICT OF COLUMBIA OFFICE OF ADMINISTRATIVE HEARINGS



441 4TH STREET, NW, SUITE 450 NORTH WASHINGTON, DC 20001-2714

Tel: (202) 442-9094 • Fax: (202) 442-4789 • Email: oah.filing@dc.gov

| Dotition on(a) | |
|---|---|
| Petitioner(s), | |
| v. | Case No(s).: |
| Respondent(s) | |
| Request for a Subpoens | a in a Rental Housing Case |
| The Clerk's Office will send you the requested number of rest of the required information in the subpoena and then sto produce documents, as required by OAH Rules 2934 and | in a Rental Housing case, but only for a purpose listed below. subpoenas signed but otherwise blank. You must complete the serve the subpoena on the witness or the person or organization d 2824. If you want more than three subpoenas, or if you want ow, you may request the subpoena using the general "Request" |
| Party Name: | Representative: |
| Address: | Address: |
| Ward: | _ |
| Telephone: | Telephone: |
| Email: | Email: |
| \square I consent to receive documents by email (OAH Rule 2841.16 |) ☐ I consent to receive documents by email (OAH Rule 2841.16) |
| By filing this form, I certify that the requested subpoena | as are only for the following purposes: |
| conditions, repairs, or maintenance in a party's immediately before the filing of the petition with To compel the production at or before a hearing to conditions, repairs, or maintenance to a party immediately before the filing of the petition with To compel the production at or before a hear Department of Consumer and Regulatory Affaithe three-year period immediately before the filing To compel the production at or before a hearing | g of all records not created by a government agency, relating s's rental unit or any common areas for the three-year period a the Rent Administrator; aring of housing violation notices in the possession of the ars relating to a party's rental unit or any common areas for any of the petition with the Rent Administrator. In g of all records in a housing provider's possession relating to be a party's rental unit for the three-year period immediately |
| Number of subpoenas requested (maximum of three): | |
| Name of person preparing request: | |
| Signature: Date: | |
| OAH Form: RH-001 | |

Clerk's Office Use: Name Date:

Number of subpoenas provided: _____