

DISTRICT OF COLUMBIA
Office of Administrative Hearings
One Judiciary Square
441 4th Street, NW, Suite 450N
Washington, DC 20001-2714
Tel: (202) 442-9094 • Fax: (202) 442-4789
Email: oah.filing@dc.gov

REQUEST FOR HEARING IN DEPARTMENT OF HUMAN SERVICES (DHS) SHELTER CASE

SECTION 1 – CONTACT INFORMATION

Name (please print): _____	Attorney/Representative (if any): _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

SECTION 2 – SHELTER INFORMATION

Shelter Name: _____

Provider Address: _____

Provider Email: _____ Provider Telephone: _____

SECTION 3 – SHELTER ACTION/REASON FOR HEARING REQUEST

PLEASE ATTACH A COPY OF THE NOTICE YOU RECEIVED FROM THE SHELTER

Emergency Termination, Suspension, or Transfer

Termination Suspension Transfer Violation of Rights Other

Reason(s) you disagree with 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 language interpretation?

YES NO

If YES, specify language: _____

SECTION 5 – ACCOMMODATIONS FOR DISABILITY

Do you need reasonable accommodation for disability at hearing?

YES NO

If YES, please specify: _____

SECTION 6 – OTHER REQUIRED INFORMATION

How was this request filed at OAH? In Person By Telephone By Fax/Email By Postal Mail

Name of person preparing request (if completed by someone other than Petitioner): _____

Signature: _____ Date: _____

For Clerk's Office Use Name: _____ Date: _____
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