



**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 (if any):	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 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 (if any):
<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

(see reverse)

### 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):