

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

Department of Employment Services

VINCENT C. GRAY  
MAYOR



F. THOMAS LUPARELLO  
ACTING DIRECTOR

ADMINISTRATIVE HEARINGS DIVISION

**Application for Formal Hearing  
(Private Sector)**

Name of party whose behalf this Application is submitted: \_\_\_\_\_

OWC File Number: \_\_\_\_\_

**IF THE PARTY APPLYING FOR FORMAL HEARING IS REPRESENTED, A COPY OF THE REPRESENTATIVE’S AUTHORIZATION MUST BE ATACHED TO THIS APPLICATION.**

Name, address, and telephone number of the employee:

\_\_\_\_\_

Name, address, and telephone number of the employee’s representative:

\_\_\_\_\_

Name, address, and telephone number of employer:

\_\_\_\_\_

Name, address, and telephone number of carrier:

\_\_\_\_\_

Name, address and telephone number of the employer / carrier’s representative:

\_\_\_\_\_

**Have the parties attended an informal conference held by the Office of Workers’ Compensation?**     Yes     No

**Has the employee filed a claim (Employee’s Claim Application, Form Number 7A DCWC)?**     Yes     No

If yes, attach a copy of the employee’s claim. **HEARINGS WILL NOT BE PLACED ON THE DOCKET UNTIL A CLAIM (EMPLOYEE’S CLAIM APPLICATION, FORM 7A DCWC) HAS BEEN FILED.**

(FORM 20)

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**State the facts of the claim:**

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**State the issues you will present for resolution at the hearing:**

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Does the employee have other claims pending with the OWC?     Yes     No

Type or print the name of the person submitting this Application \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I HEREBY CERTIFY THAT A DUPLICATE OF THE APPLICATION FOR FORMAL HEARING WAS (check applicable method)**

- Duly served in person
- Sent by certified mail on this \_\_\_\_\_ day of \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Opposing Parties**

\_\_\_\_\_  
**Signature of Person Making Service**