THE DISTRICT OF COLUMBIA GOVERNMENT
DEPARTMENT OF EMPLOYMENT SERVICES
ADMINISTRATIVE HEARINGS DIVISION
64 NEW YORK AVENUE, N.E., SUITE 2101
WASHINGTON, D.C. 20002
(202) 671-2233

APPLICATION FOR FORMAL HEARING

Name of party submitting Application: _____

OWC File No.: _____

I. EMPLOYEE INFORMATION

Name of Employee: _____

Employee Address: _____

_____

Employee Phone Number: _____

Name of Employee Representative: _____

Representative's Address: _____

_____

Representatives Phone Number: ( ) _____

II. EMPLOYER/CARRIER INFORMATION

Name of Employer: _____

Employer Address: _____

_____

Employer Phone Number: ( ) _____

Name of Carrier: _____

Carrier Address: _____

_____

Carrier Phone Number: ( ) _____

Name of Employer/Carrier Representative: _____

Representative's Address: _____

_____

Representatives Phone Number: ( ) _____

III. PROCEDURAL INFORMATION

Have the parties attended an informal conference held by the Office of Workers' Compensation? ( ) yes ( ) no

Has the employee filed a claim (Employee Claim Application, Form No.7 DCWC)?
( ) yes ( ) no
Does the employee have other claims pending with OWC? ( ) yes ( ) no

If yes, state the OWC No. (s): _____

Have all parties consented to voluntary mediation of this claim to be conducted by the Administrative Hearings Division (if available) ? _____

State the issues you will be presenting for resolution:
_____

_____

IV. **CLAIM FOR RELIEF**

Temporary Total Disability From _____ To _____
Temporary Partial Disability From _____ To _____
Permanent Total Disability From _____ To _____
Permanent Partial Disability From _____ To _____
Schedule Award to: _____ MMI date: _____ % _____
Causally Related Medicals _____
Authorization for Surgery _____
Modification §32-1524 of Compensation Order dated_____

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 ( ), OR sent by certified mail ( ) on this _____ day of _____ to:

_____

(Opposing party (ies))

_____

(Name of person making service)

Updated 2008