

Rec'd by:	
<input type="checkbox"/>	D
<input type="checkbox"/>	Mail
<input type="checkbox"/>	Hand
<input type="checkbox"/>	F
<input type="checkbox"/>	E
For Office Use Only	

**DISTRICT OF COLUMBIA  
OFFICE OF ADMINISTRATIVE HEARINGS**

**REQUEST FOR HEARING TO APPEAL A DETERMINATION BY A CLAIMS EXAMINER  
INVOLVING UNEMPLOYMENT BENEFITS**

I, \_\_\_\_\_, request a hearing in the Office of Administrative Hearings to appeal a Department of Employment Services Claims Examiner's Determination. **NOTE: You may submit this request BEFORE you provide a Claims Determination, but your appeal cannot be fully processed without a copy of the Claims Determination.** You must either attach a copy of the Claims Examiner's Determination or provide one as soon as possible. **READ IMPORTANT INFORMATION ABOUT FILING DEADLINES ON THE REVERSE SIDE.**

Save the envelope in which the Claims Examiner's Determination was mailed to you and bring it with you to the hearing. If the date on the Claims Determination is different from the postmark date on the envelope, it may be important to prove that you filed your appeal on time.

**READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING**

**CHECK ONE: I AM: THE CLAIMANT**

**OR THE EMPLOYER**

**Claimant's Name:** \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_

**Soc. Sec. No. (last four digits):** XXX-XX-

**Representative (if any):** \_\_\_\_\_

**Representative (if any):** \_\_\_\_\_

**Employer's/Rep.'s Address**

**Claimant's Address (with unit number, zip code):**

**(with unit number, zip code):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Claimant's Telephone:** \_\_\_\_\_

\_\_\_\_\_

**Claimant's Fax:** \_\_\_\_\_

**Employer's/Rep.'s Telephone:** \_\_\_\_\_

**If your most recent employer was the DC Government, state the agency, department or office for which you worked:** \_\_\_\_\_

**Employer's/Rep.'s Fax:** \_\_\_\_\_

**YOUR REASON FOR FILING APPEAL:** \_\_\_\_\_

**YOUR SIGNATURE:** \_\_\_\_\_

**Will you need an INTERPRETER for the hearing? If so, what LANGUAGE?** \_\_\_\_\_

**TURN PAGE OVER FOR INSTRUCTIONS**



## **How to File an Appeal with the Office of Administrative Hearings:**

PLEASE READ CAREFULLY

- **WHERE TO FILE AN APPEAL:** You **MUST** file your request for hearing with the **Office of Administrative Hearings** in person, by mail, email or fax.

You may file your request for hearing in person (between 9:00 a.m. and 5:00 p.m.) or by mail at the following address:

**Office of Administrative Hearings  
One Judiciary Square  
441 Fourth Street, NW, Suite 450 North  
Washington, DC 20001-2714**

**OR** you may submit an appeal by fax. Faxes received after 5:00 p.m. on a business day are not filed until the next business day. A request sent by fax will not be filed unless it is complete and legible when received at:

**Office of Administrative Hearings  
FAX: (202) 442-9451**

**OR** you may email an appeal to [OAH.FILING@DC.GOV](mailto:OAH.FILING@DC.GOV)

**DO NOT send or bring your hearing request to a DOES One-Stop Center or to any office of the Department of Employment Services.**

- **FILING DEADLINE:** Your request for hearing **must** be either postmarked by the United States Postal Service (not a private postage meter) and received, or actually received by the Office of Administrative Hearings within **fifteen (15)** calendar days of the mailing date of the Claims Determination you are appealing. The time runs from the date DOES mailed the Determination to you, **NOT** from the date you received it. If the Claims Determination was NOT mailed to you, you must file within **fifteen (15)** calendar days of actual delivery to you of the Claims Determination.

If the 15-day filing deadline falls on a Saturday, Sunday or a legal holiday, the deadline is extended to the next business day.

The deadline may be extended if an administrative law judge finds “good cause” or “excusable neglect” caused the delay.

**Failure to file a request for hearing within this deadline subjects your appeal to dismissal.**

- **No one is authorized to give you different instructions for filing a request for hearing.**
- You will need photo identification to enter the building at 441 Fourth Street, NW. Allow ample time for transportation to the building.
- For further information concerning an unemployment insurance appeal at the Office of Administrative Hearings, you may call (202) 442-9094.
- OAH Rules are available at [www.oah.dc.gov](http://www.oah.dc.gov).