

THE DISTRICT OF COLUMBIA GOVERNMENT  
DEPARTMENT OF EMPLOYMENT SERVICES  
ADMINISTRATIVE HEARINGS DIVISION (AHD)  
4058 MINNESOTA AVENUE, N.E., SUITE 4400  
WASHINGTON, D.C. 20019  
(202) 671-2233

**APPLICATION FOR FORMAL HEARING**

Name of party on whose behalf this Application is submitted:

\_\_\_\_\_

OWC File No: \_\_\_\_\_

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

Name, address, and phone number of the employee: \_\_\_\_\_

\_\_\_\_\_

Name, address, and phone number of the employee's representative: \_\_\_\_\_

\_\_\_\_\_

Name, address, and phone number of employer: \_\_\_\_\_

\_\_\_\_\_

Name, address, and phone number of carrier: \_\_\_\_\_

\_\_\_\_\_

Name, address, and phone 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 No. 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.***

State the facts of the claim: \_\_\_\_\_

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

State the issues you will present for resolution at the hearing: \_\_\_\_\_

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

**Does the employee have other claims pending with the OWC? ( ) yes ( ) no.  
If yes, state OWC No(s): \_\_\_\_\_**

**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 part (ies))***

\_\_\_\_\_  
***(Name of person making service)***