

DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS

UNEMPLOYMENT INSURANCE APPEAL FORM

Use this form to request a hearing before an Administrative Law Judge if you wish to appeal a decision of the Department of Employment Services ("DOES") concerning unemployment insurance benefits.

Se utiliza este documento para pedir una audiencia ante un Juez de Derecho Administrativo si quiere apelar una decisión del Departamento de Servicios de Empleo en cuanto a los beneficios del seguro de desempleo. Se puede encontrar a este documento en español en oah.dc.gov, o en la Oficina de Audiencias Administrativas en 441 4th Street NW, Washington, DC, 20001. Para obtener ayuda o información en español, llama a (202) 442-9094.

READ INSTRUCTIONS HERE AND ON THE REVERSE SIDE

For Help and Information, call (202) 442-9094

- 1. Please submit with this form a copy of the Claims Examiner's Determination or other DOES decision you are appealing. You may submit this form first, but we cannot schedule a hearing or proceed with your case until you submit a copy of the DOES decision you are appealing.**
- 2. Claimants must continue to file claim forms with DOES, even while their appeals are pending in the Office of Administrative Hearings. Claimants who do not file claim forms as instructed by DOES may lose benefits.**
- 3. Save the envelope in which you received the DOES decision you are appealing. Bring the envelope to the hearing. It may help show that you filed your appeal on time.**
- 4. Complete the following for CLAIMANT or EMPLOYER, and sign below.**

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): _____

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

**Employer's/Rep.'s FULL Address
(with unit number, zip code):**

Claimant's Telephone: _____

Claimant's Fax: _____

**If you most recently worked for the DC Government,
state the agency, department or office for which you
worked:** _____

Employer's/Rep.'s Telephone: _____

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 OVER FOR MORE INSTRUCTIONS



EXHIBIT

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ADDITIONAL INSTRUCTIONS

- **WHERE TO FILE:** You **MUST** file your appeal with the **Office of Administrative Hearings**. The Office of Administrative Hearings (“OAH”) is not part of the Department of Employment Services. You cannot file your appeal at a DOES One-Stop Center or any other DOES office.

You may file an appeal by mail, in person, by fax or by email:

By Mail or In Person. You may file an appeal in person, weekdays between 9:00 a.m. and 5:00 p.m., or by mail at the following address. You will need photo identification to enter the building:

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

By Fax. You may file an appeal by fax to **(202) 442-4789**. If possible, please include a copy of the Claims Examiner’s Determination or other written decision you are appealing. Faxes received after 5:00 p.m. or on any non-business day are considered “filed” on the next business day. An appeal sent by fax will not be filed unless it is complete and legible when received.

By Email. You may file an appeal by email to **OAH.FILING@DC.GOV**. If possible, please attach a scanned copy of the Claims Examiner’s Determination or other written decision you are appealing.

- **APPEAL DEADLINE:** Your appeal must be either postmarked by the U.S. Postal Service (not a private postage meter) or actually received by the Office of Administrative Hearings within **fifteen (15)** calendar days of the date DOES mailed the Claims Examiner’s Determination to you. The date of mailing is usually stated on the Claims Examiner’s Determination. The deadline runs from the date DOES mailed the Determination to you, not from the date you received it. If the Claims Examiner’s Determination was NOT mailed to you, or if was not mailed to your correct address, you must file within **fifteen (15)** calendar days of actual delivery of the Claims Examiner’s Determination.

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

The appeal deadline may be extended if an administrative law judge finds “good cause” or “excusable neglect” for a delay. The person filing the appeal bears the burden of proving at the hearing that there was a good reason for the delay. **If you file an appeal late without a good reason, your case may be dismissed.**

No one is authorized to give you different instructions about the deadline.

- **RULES:** The Rules of Procedure for the Office of Administrative Hearings may be found at www.oah.dc.gov and in the Office of Administrative Hearings Resource Center.
- **FURTHER INFORMATION:** For further information about this document or filing an appeal, please call (202) 442-9094 or visit the Office of Administrative Hearings weekdays from 9:00 a.m. to 5:00 p.m., One Judiciary Square, 441 Fourth Street, NW, Suite 450 North, Washington, DC 20001-2714.