GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Employment Services

MURIEL BOWSER
MAYOR

ODIE DONALD II
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)

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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MURIEL BOWSER
MAYOR

DEBORAH A. CARROLL
DIRECTOR

ADMINISTRATIVE HEARINGS DIVISION

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

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**