

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

MURIEL BOWSER
MAYOR



DEBORAH A. CARROLL
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)

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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