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
(Public Sector)

(Please print or type)

Name: _____ PSWCP Number: _____

Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Social Security Number: _____

Do you have a representative (Attorney, Union Representative, Etc.)? ☐ Yes ☐ No

If you answered "Yes":

Your representative's name: _____

Address: _____ Suite Number: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Employer/Agency name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you received a *Notice of Determination (NOD); or Final Decision on Reconsideration* from D.C.? ☐Yes ☐ No

If you answered "No," your case will not be scheduled for a hearing. The Administrative Hearings Division does not have the authority to schedule a hearing in your case unless you have received a (1) Notice of Determination; or (2) Final Decision on Reconsideration. If you have not received either of these documents, contact the Public Sector Workers' Compensation Program.

If you answered "Yes," attach a copy of the Denial of award of Compensation Benefits or Notice of Loss Wage Earning Capacity (LWEC) to this application.

State why you want a hearing:

_____

_____

_____

_____

_____ _____
Signature Date

This application for Formal Hearing and a copy of the Notice of Determination (NOD) or Final Decision on Reconsideration must be mailed or delivered to:

MARK F. SULLIVAN, CHIEF ADMINISTRATIVE LAW JUDGE
ADMINISTRATIVE HEARINGS DIVISION
4058 MINNESOTA AVE. N.E., SUITE 4400
WASHINGTON, D.C. 20019

A copy of the Application for Formal Hearing and the Notice of Determination (NOD) or Final Decision on Reconsideration must be mailed or delivered to:

ANDREA COMENTALE, CHIEF
OFFICE OF THE ATTORNEY GENERAL
PERSONNEL AND LABOR RELATIONS
441 4TH STREET, N.W., SUITE 1180N
WASHINGTON, D.C. 20001

This request must be mailed or delivered to AHD within 30 days of the issuance of the Notice of Determination (NOD) or Final Decision on Reconsideration from the Public Sector Workers' Compensation Program.