

D.C. DEPARTMENT OF EMPLOYMENT SERVICES 64 NEW YORK AVENUE, N.E., SUITE 2100
OFFICE OF HEARINGS AND ADJUDICATION WASHINGTON, D.C. 20002
(202) 671-2233

APPLICATION FOR FORMAL HEARING
FOR THE
DISABILITY COMPENSATION PROGRAM
(PLEASE PRINT OR TYPE)

1. NAME: _____ 2. DCP No.: _____

3. ADDRESS: _____ APT. No.: _____

CITY: _____ STATE: _____ ZIP CODE: _____

4. TELEPHONE No.: (____) _____ 5. SOCIAL SECURITY No.: _____ - _____ - _____

6. DO YOU HAVE A REPRESENTATIVE (ATTORNEY, UNION REPRESENTATIVE, ETC.)?

_____ YES _____ NO (GO TO QUESTION 7)

IF "YES":

YOUR REPRESENTATIVE'S NAME: _____

ADDRESS: _____ SUITE No.: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE No.: (____) _____

7. EMPLOYER/AGENCY NAME: _____

ADDRESS: _____ ZIP CODE: _____

8. HAVE YOU RECEIVED A DENIAL OF AWARD OF COMPENSATION BENEFITS OR NOTICE OF LOSS WAGE EARNING CAPACITY (LWEC) FROM DCP?

_____ YES (GO TO QUESTION 9) _____ NO

IF "NO"

STOP HERE

YOUR CASE WILL NOT BE SCHEDULED FOR A HEARING. THE OFFICE OF HEARINGS AND ADJUDICATION (OHA) DOES NOT HAVE THE AUTHORITY TO SCHEDULE A HEARING IN YOUR CASE UNLESS YOU HAVE RECEIVED A DENIAL OF AWARD OF COMPENSATION BENEFITS OR NOTICE OF LOSS WAGE EARNING CAPACITY (LWEC). A NOTICE OF DETERMINATION BY CLAIMS EXAMINER (DDC-5) DOES NOT SATISFY THIS REQUIREMENT. CONTACT DCP FOR A RECONSIDERATION.

9. IF "YES":

ATTACH A COPY OF THE DENIAL OF AWARD OF COMPENSATION BENEFITS OR NOTICE OF LOSS WAGE EARNING CAPACITY (LWEC) TO THIS APPLICATION .

10. STATE WHY YOU WANT A HEARING :

SIGNATURE

DATE

THIS APPLICATION FOR FORMAL HEARING AND A COPY OF THE DENIAL OF AWARD OF COMPENSATION BENEFITS OR NOTICE OF LOSS WAGE EARNING CAPACITY (LWEC) MUST BE MAILED OR DELIVERED TO:

**CHIEF, ADMINISTRATIVE LAW JUDGE
OFFICE OF HEARINGS AND ADJUDICATION
64 NEW YORK AVENUE, N.E., SUITE 2100
WASHINGTON, D.C. 20002**

A COPY OF THE APPLICATION FOR FORMAL HEARING AND THE DENIAL OF AWARD OF COMPENSATION BENEFITS MUST ALSO BE MAILED OR DELIVERED TO :

**FRANK MCDUGALD, CHIEF, OFFICE OF THE ATTORNEY GENERAL,
PERSONNEL & LABOR RELATIONS
441 4TH STREET, N.W.
SUITE 1060N
WASHINGTON, D.C. 20001**

THIS REQUEST MUST BE MAILED OR DELIVERED TO OHA WITHIN 30 DAYS OF THE ISSUANCE OF THE DETERMINATION FROM DCP.

*IF YOU MOVE AFTER SUBMITTING THIS APPLICATION, YOU MUST PROVIDE OHA WITH YOUR NEW ADDRESS.

*IF YOU GET A REPRESENTATIVE AFTER SUBMITTING THIS APPLICATION, YOU MUST PROVIDE OHA WITH THE NAME AND ADDRESS OF YOUR REPRESENTATIVE