

**THE DISTRICT OF COLUMBIA GOVERNMENT DEPARTMENT OF
EMPLOYMENT SERVICES ADMINISTRATIVE HEARINGS DIVISION (AHD)**

400 VIRGINIA AVENUE S.W.,

WASHINGTON, D.C. 20024

(202) 671-2233

Mailing Address: 4058 Minnesota Avenue N.E., Washington, D.C. 20019

APPLICATION FOR FORMAL HEARING

Name of party on whose behalf this Application is submitted:

OWC File No: _____ Date of Injury: _____

***IF THE PARTY APPLYING FOR A FORMAL HEARING IS
REPRESENTED, A COPY OF THE REPRESENTATIVE'S
AUTHORIZATION MUST BE ATTACHED TO THIS APPLICATION.***

Name, address, and phone number of the employee: _____

Name, address, and phone number of the employee's representative: _____

Name, address, and phone number of employer: _____

Name, address, and phone number of carrier: _____

Name, address, and phone 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 No. 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.***

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.
If yes, state OWC No(s): _____

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. Or () sent by certified mail on this ____ day of ____ to

(Opposing part (ies))

(Name of person making service)