

GENERAL FORM TRANSMITTAL SHEET

(See OAH Rules, Chapter 2, Section 6)

TO: OFFICE OF ADMINISTRATIVE HEARINGS DATE: _____

FROM: _____ AGENCY NO. _____

(REFERRING AGENCY)

YOU MUST INCLUDE A COPY OF THE DISPUTED AGENCY ACTION OR INACTION AND BASIS THEREOF, THE REQUEST FOR HEARING, (DO NOT SEND ORIGINALS) AND THE RELEVANT AGENCY RULES WITH THIS TRANSMITTAL.

IF ANY OF THE REQUESTED INFORMATION IS UNKNOWN PLEASE INDICATE THE SAME PLEASE IDENTIFY THE PARTIES:

NAME OF PARTY/LICENSEE – NAME, ADDRESS & PHONE NUMBER:

PARTY/LICENSEE ATTORNEY – NAME, ADDRESS & PHONE NUMBER:

AGENCY CONTACT’S NAME, TITLE, ADDRESS & PHONE NUMBER:

AGENCY/BOARD ATTORNEY – NAME, ADDRESS & PHONE NUMBER:

PLEASE PROVIDE A SHORT STATEMENT OF THE NATURE OF THIS CASE:

ARE THERE STATUTORY LIMITS ON THE TIME FOR HEARING OR DECISION IN THIS CASE?

YES ___ NO ___ IF YES, PLEASE EXPLAIN:

HAS ANY PARTY TO THIS CASE REQUESTED INTERIM, EXPEDITED OR EMERGENCY RELIEF?

YES ___ NO ___ IF YES, PLEASE EXPLAIN:

WHO IN YOUR AGENCY SHOULD WE CONTACT FOR SCHEDULING? NAME AND CONTACT NUMBER

WHO IN YOUR AGENCY SHOULD WE CONTACT FOR BILLING? NAME AND CONTACT NUMBER

IS YOUR AGENCY REQUESTING A WRITTEN DECISION FROM OAH ?
YES NO - CONDUCT HEARING ONLY

IF YES, RECOMMENDED DECISION OR FINAL DECISION?

HAS THIS HEARING BEEN SET? YES NO
(If yes, please provide OAH with a copy of the notice of hearing)

IF YES, DATE: _____ TIME: _____ A.M. / P.M.

PLACE: _____

IF YES, WHO HAS RESERVED THE ROOM FOR HEARING? _____

IF BOARD, WILL MEMBERS SIT AT THE HEARING? YES NO

IF BOARD, HOW MANY MEMBERS, SO APPROPRIATE ROOM ACCOMMODATIONS MAY BE SCHEDULED?

TAPE RECORDED HEARING OR COURT REPORT?

WHO IN YOUR AGENCY WILL MAKE THE COURT REPORTER ARRANGEMENTS FOR THE HEARING?
NAME AND CONTACT NUMBER _____

WHO IN YOUR AGENCY WILL PAY FOR THE COURT REPORTER FOR THE HEARING? NAME AND
CONTACT NUMBER _____

HOW LONG WILL THE HEARING TAKE? _____

I HEREBY CERTIFY THAT AS AN AUTHORIZED OFFICER OF THE REFERRING AGENCY, ALL PARTIES
HAVE BEEN PROPERLY SERVED WITH A TRUE AND COMPLETE COPY OF THIS TRANSMITTAL SHEET.

SIGNATURE AND TITLE OF
AUTHORIZED OFFICER