

WASHINGTON STATE
OFFICE OF ADMINISTRATIVE HEARINGS

In the matter of:

Name of the Appellant,

Appellant.

Docket No. **Case Number**

NOTICE OF Hearing Type

Agency: Health Care Authority

Program: **Program Name**

Agency No.

The Health Care Authority (Agency) or the Office of Administrative Hearings (OAH) received the attached hearing request on **DATE**.

YOUR HEARING WILL BE HELD:

DATE: **Date of the hearing**

TIME: **Time of the hearing** Pacific Time

LOCATION: Telephone Conference Call (see instructions below)

JUDGE: **Name of the judge**

If you or a witness needs an INTERPRETER, we will provide one at no cost. Please call OAH at (800) 583-8271 to request an interpreter.

Unless ordered differently by an ALJ, you should submit all documents or exhibits that you want the Agency Representative and the Administrative Law Judge to see at least five business days before the hearing. **Please read the attachment for information about the types of exhibits that can be submitted and size limitations for exhibits.** You may ask the Agency Representative to help you copy and provide documents to other parties, and to the Administrative Law Judge at OAH. WAC 182-526-0370.

How to participate in the **Hearing**:

1. At the time of the **Hearing**, call **1-866-527-0393**.
2. When prompted, enter **the specific hearing access CODE** followed by the # key.
3. You are not the Meeting Organizer so do NOT press the * key if asked to do so.
4. You will now be placed in the hearing lobby awaiting the Judge to begin the hearing (you may hear HOLD music).
5. Make sure your phone has reception and is charged to last at least an hour.

This is an example that provides general information to help you compare it with the documents you received.

6. Make sure you are in a quiet place where you can hear and be heard clearly.
7. If you have problems joining the telephone conference, or if the judge does not join within ten minutes after the Hearing start time, immediately call OAH at (800) 583-8271.
8. Should you get disconnected, just call back (Step 1) and use the same code (Step 2).
9. If you have trouble getting reconnected to the telephone conference, call (800) 583-8271 immediately for help.

If you do not join the conference within 15 minutes after the scheduled start time, the administrative law judge may hold you in default and dismiss your appeal, which means **you may lose your right to a hearing**. WAC 182-526-0284.

You have the right to an in-person hearing with the judge. To make this request, call OAH at the number listed below.

Call the Agency Representative as soon as possible if you **need** to change the time or date of your hearing. The Administrative Law Judge will determine if you have good cause to change the time or date.

You may represent yourself at the hearing or choose an attorney or any other person to represent you. You are responsible for any fees charged by your attorney.

Tell the OAH IMMEDIATELY if your address or phone number changes. We may need to send you notices and other mail about the hearing.

If you have a disability or sensory impairment and need accommodation when using our facilities or services, please contact OAH.

Please read the attached Hearing Rights Summary to learn about your rights, what to bring, and how hearings work. Firearms and other dangerous weapons are prohibited at hearings and in all OAH offices. WAC 10-20-010. If you have a safety concern about the hearing or prehearing, please contact OAH.

SERVED on the date of mailing.

Attached: Hearing Request
 Hearing Rights Summary

<u>HOW TO CONTACT OAH:</u> Office of Administrative Hearings PO Box 42489 Olympia, WA 98504 Phone: (800) 583-8271	<u>HOW TO CONTACT</u> <u>AGENCY REPRESENTATIVE:</u> Name of Agency Representative Address of Agency Representative
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DECLARATION OF SERVICE

I declare under penalty of perjury under the laws of the State of Washington that today I served this document on each of the parties listed below. I mailed a copy to the parties at their addresses of record using Consolidated Mail Services or U.S. Mail.

[DATA LIST]

Dated **The date when the Notice... was mailed** at **City**, Washington.
(DATE OF MAILING)

Representative
Office of Administrative Hearings
PO Box 42489 Olympia, WA 98504

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HCA Teams NOH | Reviewed 4/4/2025 | Source Text of Translation 6/2025