

**WASHINGTON STATE
OFFICE OF ADMINISTRATIVE HEARINGS**

In the matter of:

Name of Appellant,

Type of Appellant

Docket No. **Case Number**

NOTICE OF HEARING

Agency: Department of Social and Health Services

Program: **Program Name**

Agency No.

The Department of Social and Health Services (Agency) or the Office of Administrative Hearings (OAH) received the attached hearing request on **DATE**.

YOUR HEARING WILL BE HELD

DATE: **The date of the hearing**

TIME: **Time of the hearing** Pacific Time or as soon after that time as an Administrative Law Judge is available.

LOCATION: **Telephone Conference Call** (see instructions below)

If you or a witness needs an INTERPRETER, we will provide one at no cost. Please call OAH at (800) 845-8830 to request an interpreter.

How to participate in the hearing:

1. Before your hearing begins, call OAH at (800) 845-8830 and provide a telephone number where you can be reached for the hearing.
2. At the time set for the hearing, wait for the judge or agency representative to call you at the telephone number you provided.
3. Make sure your phone has reception, is fully charged, and has enough minutes to last at least an hour.
4. Make sure you are in a quiet place where you can hear and be heard clearly.
5. Make sure you disable any call blocking features.
6. If you have problems receiving the judge's call, or if the judge does not call you within ten minutes after the hearing start time, immediately call OAH at (800) 845-8830.

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

If you cannot be reached or if you do not provide a telephone number where you may be reached at the time of the hearing, the administrative law judge may hold you in default and dismiss your appeal. This means **you may lose your right to a hearing**. WAC 388-02-0285.

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 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 for help.

Please read the enclosed Hearing Rights Summary to learn about your rights, what to bring, and how hearings work. You can find general information about the hearing process at **www.oah.wa.gov**.

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 conference, please contact OAH.

SERVED on the date of mailing.

Legal Authority: **Laws and rules that may apply to the case**

Attached: Hearing Request

Enclosed: Hearing Rights Summary

HOW TO CONTACT OAH:

Office of Administrative Hearings
PO Box 42489, Olympia WA 98504
Phone: (800) 845-8830

HOW TO CONTACT AGENCY REPRESENTATIVE:

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.

List of everyone who was sent this Notice of Hearing.

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

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

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