

## APPEAL RIGHTS

Under WAC 388-02-0525 and RCW 34.05.464, this order becomes final 21 calendar days after the date of mailing, unless:

1. You or any party files an appeal (request for review) with the Board of Appeals within 21 calendar days after the date this order was mailed (see date of mailing in Declaration of Service above); or
2. You or any party files a request for extension of the 21-day deadline, and the review judge determines you have a good reason for an extension under WAC 388-02-0580(2); or
3. You or any party files a late request for review no more than 30 calendar days after the 21-day deadline, and the review judge determines you have good cause for a late request for review under WAC 388-02-0580(3).

The mailing address for filing a request for review is:

Board of Appeals  
P.O. Box 45803  
Olympia, WA 98504-5803

If you choose to file a request for review, you may use the form and instructions that accompany this order.

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

## PETITION FOR REVIEW OF INITIAL DECISION (APPEAL)

Print or type detailed answers. Add more pages if needed. You may use your own form.

NAME(S) (PLEASE PRINT)	Case Number DOCKET NUMBER	AGENCY NUMBER
MAILING ADDRESS	CITY	STATE ZIP CODE
TELEPHONE AREA CODE AND NUMBER		

Please explain why you want the initial order changed. Try to be specific. For example, tell us:

1. Why you think that the decision is wrong (why you disagree with it).
3. How the decision should be changed.
2. Which findings of fact are incorrect.

I ask for review of the initial decision because...

I have attached \_\_\_\_ pages.

PRINT YOUR NAME	SIGNATURE	DATE
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**Deadline: Received on or before 21 days from mail date of Initial Decision**

Mail To: Board of Appeals  
P.O. Box 45803  
Olympia, WA 98504-5803

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If You Disagree  
You Can Appeal

1. **DEADLINE for Appeal:** The Board of Appeals must receive your appeal within twenty-one (21) calendar days from the mailing date indicated in the enclosed hearing decision. It must be received on or before the 21st day or it will be late and may not be accepted. Please mail ahead of the deadline to allow time for delivery. If you miss the deadline, you may lose all rights to appeal the decision.
2. **If You Need More Time:** A Review Judge can delay (postpone, extend) the deadline, but you must ask within the twenty-one (21) day time limit.
3. **Who May Appeal:** Generally, anyone directly affected by the decision.
4. **How To Appeal:** Use the enclosed form or make your own. You must send or deliver the Appeal to the Board of Appeals (see address below). Be sure to keep a copy.
5. **Copies To Other Parties:** You must send or deliver a copy of the appeal (and attachments) to every other party in this matter.
6. **What Happens Next:** The Board of Appeals will inform all parties when it receives an Appeal or a request for more time. A Review Judge (RJ) will read all the paperwork related to the case and will listen to the audio recording of the hearing. The RJ will also consider the law and the arguments that the parties submit. The RJ may decide whether to consider new evidence (that is, something that was not considered at the hearing). The RJ will NOT hold a new hearing. The RJ will then write a decision and mail it to all parties. The RJ may agree with or change the decision being appealed. The RJ may order a new hearing and/or a new decision. If you disagree with the RJ's decision on the appeal, you will be able to appeal to superior court, or ask the RJ to reconsider, or both. You will receive more information about the next level of appeal rights when you receive the review decision.
7. **If You Need Help:** If you had a person (such as an attorney or friend) represent you at the hearing, contact him or her. If you think you need an attorney or legal advice, contact the Northwest Justice Project CLEAR Line at (888) 201-1014. You are not guaranteed an attorney free of charge.
8. **Translations And Visual Challenges:** If you do not read and write English, you may submit and receive papers in your own language. If you are visually challenged, you have the right to submit and receive papers in an alternate format such as Braille or large print. Let the Board of Appeals know your needs.

<b>Send or deliver your Appeal (Request for Review) to the OFFICE OF APPEALS:</b>	
<p style="text-align: center; margin: 0;"><u>MAILING ADDRESS</u></p> <p>BOARD OF APPEALS P.O. BOX 45803 OLYMPIA WA 98504-5803</p>	<p style="text-align: center; margin: 0;"><u>PERSONAL SERVICE LOCATION</u></p> <p>DSHS Board of Appeals 1115 Washington Street SE Olympia, Washington 98501</p>
<p style="text-align: center; margin: 0;"><u>FAX</u></p> <p style="text-align: center;">1-360-664-6187</p>	<p style="text-align: center; margin: 0;"><u>TELEPHONE (for more information)</u></p> <p style="text-align: center;">1-360-664-6100 1-877-351-0002 (toll free)</p>

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