

For OAH Use Only

Date Rcvd. _____

Assigned Case No. _____

*OFFICE OF ADMINISTRATIVE HEARINGS
PHONE: (503) 947-1637 OR (503) 947-1581***HEARING REFERRAL FORM****(Instructions are on page 2)****Required Case Information**

Agency Name:	Program/Division:	Referral Date:
Name of Person Submitting Form:		Phone:
Agency Case No:	Case Type:	
Date of document or action from which hearing is requested:		
Has this case been previously referred? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Identify the following parties with full name, address and phone number:

1. Party requesting hearing:	Phone:
Address:	
Email:	
2. Representative of requestor:	Phone:
Address:	
Email:	
3. Agency representative for hearing:	Phone:
Address:	
Email:	
4. Agency contact (if different from question 3):	Phone:
Address:	
Email:	
5. What is the expected length of the hearing?	
6. Does any participant need an interpreter or accommodation to participate in the hearing? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who: _____ Language or accommodation needed: _____	
7. Is the hearing to be set and notice mailed by your Agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, contact us regarding the date and location, if necessary, to ensure that we have an ALJ available. Date: _____ Time: _____ Location: _____ (STREET ADDRESS, CITY, ROOM NO.) Please provide a copy of your hearing notice with this transmittal	

8. If the hearing is to be set and notice mailed by the Office of Administrative Hearings answer a) and)b. a) Would you like the OAH to mediate this dispute. Yes <input type="checkbox"/> No <input type="checkbox"/> . b) Is a prehearing telephone conference necessary? Yes <input type="checkbox"/> No <input type="checkbox"/> . c) Give date and time scheduling preferences, requirements or restrictions.
9. What issue(s) do you want stated in the notice of hearing?
10. Does the notice of hearing require certified mailing? Yes <input type="checkbox"/> No <input type="checkbox"/>
11. May we conduct the hearing by telephone? Yes <input type="checkbox"/> No <input type="checkbox"/>
12. If hearing must be in person, will your agency provide the location? Yes <input type="checkbox"/> No <input type="checkbox"/> Location: (STREET ADDRESS, CITY, ROOM NO.)
13. Does this case require : Proposed Order <input type="checkbox"/> Final Order <input type="checkbox"/>
14. Will the agency or the ALJ issue a final order by default? Agency <input type="checkbox"/> ALJ <input type="checkbox"/>
15. Does the order require certified mailing? Yes <input type="checkbox"/> No <input type="checkbox"/>

PLEASE BE SURE YOU HAVE FILLED THIS FORM OUT COMPLETELY BEFORE SUBMITTING.

Instructions:

This is the Office of Administrative Hearings referral form. This form, together with the charging document, request for hearing and any other documents necessary, is to be completed and sent to the Office of Administrative Hearings every time you wish to refer a case for hearing. We will use the information both for scheduling cases and for collecting statistical data.

Please send the completed referral form to:

US MAIL
OFFICE OF ADMINISTRATIVE HEARINGS
PO BOX 14020
SALEM OR 97309-4020

SHUTTLE
OFFICE OF ADMINISTRATIVE HEARINGS
4600 25TH AVE NE STE 140
SALEM OR 97301

FAX NUMBER: (503) 947-1923

E-MAIL: OED_OAH_REFERRAL@OREGON.GOV