

# Petition for Review of Initial Order

**See information on back.** Print or type detailed answers. Add more pages if needed. You may use your own form.

Name(s) (please print)

Docket number

Client ID or "D" number

Telephone area code and number

Mailing address

City

State

ZIP code

Email address

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

- Why you think that the decision is wrong (why you disagree with it).
- If the findings of facts are wrong, based on what was presented at the hearing.
- How the decision should be changed.

I ask for review of the initial decision because:

I have attached \_\_\_\_\_ (number) of additional pages.

By signing below and providing my email address, I agree to receive service of appeal documents and orders from the HCA Board of Appeals by email. I understand that service is complete when the email is sent to the indicated email address I have listed below, not when I view the email. I understand that the HCA Board of Appeals will use a secure email platform to serve documents and orders on me at the email address below. If you are under 18 years old, please have a parent/guardian also sign the form.

Print your name

Signature

Date

Print parent or guardian's name

Parent or guardian's signature

Date

**Deadline: MUST be received on or before 21 days from mail date of initial decision.**

# If you disagree, you can appeal

## Deadline for appeal

The Board of Appeals **must receive** your appeal within 21 calendar days from the date stamped on the enclosed hearing decision. The deadline is 5pm. If you miss the deadline, **you may lose all rights to appeal the decision.**

## If you need more time

A review judge can delay (postpone, extend) the deadline, but you must ask within the 21-day time limit.

## Who may appeal

Generally, anyone directly affected by the decision.

## How to appeal

Use the form on the other side or make your own. You must send or deliver the appeal to the Board of Appeals (see addresses below). Be sure to keep a copy.

## COPIES to other parties

You must send or deliver copies of the appeal and attachments to every other party in this matter.

## 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 tape-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.

## 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, try to find one that specializes in the type of law involved in your case. Ask friends or relatives for a reference, or contact your local bar association or referral services (usually listed at the end of the "attorney" section in the telephone book advertising section). Columbia Legal Services, Northwest Justice Project, the Northwest Women's Law Center, some law schools, and other non-profit legal organizations may be able to provide assistance. **You are not guaranteed an attorney free of charge.**

## 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. Call 1-360-725-0910 or TTY 1-360-507-9018.

## Send or deliver your appeal (Request for Review) to the Board of Appeals:

### Mailing address

Board of Appeals  
P.O. Box 42700  
Olympia, WA 98504-2700

### In-person service location

HCA Board of Appeals  
626 8th Avenue SE  
Olympia, WA 98501

### Telephone

**(for more information)**  
360-725-0910 or 1-844-728-5212

### Fax

360-507-9018

### Email address

[HCABoardofAppeals@hca.wa.gov](mailto:HCABoardofAppeals@hca.wa.gov)

### Website

[hca.wa.gov/about-hca/board-appeals](http://hca.wa.gov/about-hca/board-appeals)