

Petition for Reconsideration of Final 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 a reconsideration of the review decision. Try to be specific. For example, explain:

- Why you think that the decision is wrong (why you disagree with it).
- How the decision should be changed.
- The importance of certain facts that the review judge should consider.

I want the review judge to reconsider the review 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. Signatures can be placed next to each other.

Print your name

Signature

Date

Print parent or guardian's name

Parent or guardian's signature

Date

Deadline: Must be received on or before 10 calendar days from mail date of Final Order

If you disagree with the judge's review decision or order and want it changed, you have the right to:

1. Ask the review judge to reconsider (rethink) the decision or order (**10 calendar day deadline**);
2. File a petition for Judicial Review (start a Superior Court case) and ask the Superior Court Judge to review the decision (**30-day deadline**).

Deadline for reconsideration request – 10 CALENDAR DAYS

The Board of Appeals must RECEIVE your request within 10 calendar days from the date stamped on the enclosed final order. The deadline is 5 p.m. If you do not meet this deadline, you will lose your right to request a reconsideration.

If you need more time

The hearing officer can extend (postpone, delay) the deadline, but you must ask within the same 10 calendar day time limit.

How to request

Use the enclosed form or make your own. Add more paper if necessary. You must send or deliver your request for reconsideration or for more time to the Board of Appeals on or before the 10 calendar day deadline (see addresses on enclosed form).

COPIES to other parties

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

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.

Deadline for Superior Court Cases - 30 DAYS

The Superior Court, the Board of Appeals, and the state Attorney General's Office must all RECEIVE copies of your Petition for Judicial Review within 30 days from the date noted on the enclosed review decision or order. There are rules for filing and service that you must follow.

Exception

If (and only if) you file a timely reconsideration request (see above), you will have 30 days from the date of the reconsideration decision. Refer to the Revised Code of Washington (RCW), including chapter 34.05, the Washington Administrative Code (WAC), and to the Washington Rules of Court (civil) for guidance. These materials are available in all law libraries and in most community libraries.

If you need help

Ask friends or relatives for a reference to an attorney, or contact your county's 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.**

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

Mailing address

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

Telephone (for more information)

360-725-0910 or 1-844-728-5212

Email address

HCABoardofAppeals@hca.wa.gov

Fax

360-507-9018

Website

hca.wa.gov/about-hca/board-appeals

In-person service location

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