

## South Carolina Administrative Law Court (SC ALC) Request for Contested Case Hearing FORM

Last Name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Docket No. (To Be Completed by ALC)
Mailing Address:		City:		State and Zip:	
Home Number:	Work Number:	Cell Number:		*E-Mail Address:	

\*By providing your e-email address, you consent to receive court orders and notices via electronic transmission

### REPRESENTATION

Are you representing yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, please complete the following:	
Are you represented by an Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you represented by a CPA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Attorney:		Name of CPA:	
Mailing Address:		Mailing Address:	
City, State and Zip:		City, State and Zip:	
Work Number, Cell Number and E-mail Address:		Work Number, Cell Number and E-mail Address:	

### CASE INFORMATION

<b>Name of the Agency that issued the decision:</b> (Example – Dept. of Revenue, Dept. of Insurance, DHEC)	
In order to have your case processed, <b>you must attach the agency decision.</b> Is it attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
Date the decision was issued:	Date the decision was received:
Please provide a brief statement regarding why the hearing is being requested and the relief sought:	
<b>Payment via</b> <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash for \$ submitted today to the Administrative Law Court via <input type="checkbox"/> U.S. Postal Service <input type="checkbox"/> Hand-delivery (applicable <b>filing fee pursuant to</b> ALC Rule 71) is being	
_____ <b>X</b> <i>Your Signature or Signature of Attorney/CPA</i>	_____ <i>Date</i>

### CERTIFICATE OF SERVICE (MUST BE COMPLETED)

Your Name:	Date:	City:	State:
I hereby certify that on the date and place listed above, I served a copy of the foregoing Request for Contested Case Hearing <b>on all other parties</b> to this matter by depositing the same in the United States Mail, postage paid, and addressed as follows (use the reverse side for any additional names):			
_____	_____	_____	
Name and/or Agency	Address	City, State and Zip	
_____	_____	_____	
Name and/or Agency	Address	City, State and Zip	
_____ <b>X</b> <i>Your Signature or Signature of Attorney/CPA</i>	_____ <i>Date</i>		