

COUNTY OF (1) \_\_\_\_\_

(2) \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 (your name) PETITIONER, )  
 \_\_\_\_\_ )  
 v. )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 RESPONDENT. )  
 (The State agency or board about which you are complaining) )

**PETITION  
FOR A  
CONTESTED CASE HEARING**

I hereby ask for a contested case hearing as provided for by North Carolina General Statute § 150B-23 because the Respondent has:

(Briefly state facts showing how you believe you have been harmed by the State agency or board.)

\_\_\_\_\_  
 \_\_\_\_\_

(If more space is needed, attach additional pages.)

(4) Amount in controversy \$ \_\_\_\_\_ (if applicable)

(5) Because of these facts, the State agency or board has: (check at least one from each column)

_____ deprived me of property;	_____ exceeded its authority or jurisdiction;
_____ ordered me to pay a fine or civil penalty; or	_____ acted erroneously;
_____ otherwise substantially prejudiced my rights;	_____ failed to use proper procedure;
<b>AND</b>	_____ acted arbitrarily or capriciously; or
	_____ failed to act as required by law or rule.

(6) Date: \_\_\_\_\_ (7) Your phone number AND E-mail address: ( ) \_\_\_\_\_

(8) Print your full address: \_\_\_\_\_  
 (street address/p.o. box) (city) (state) (zip)

(9) Print your name: \_\_\_\_\_

(10) Your signature: \_\_\_\_\_

**You must** mail or deliver a **COPY** of this Petition to the State agency or board named on line (3) of this form. You should contact the agency or board to determine the name of the person to be served.

**CERTIFICATE OF SERVICE**

I certify that this Petition has been served on the State agency or board named below by depositing a copy of it with the United States Postal Service with sufficient postage affixed **OR** by delivering it to the named agency or board:

(11) _____ (name of person served)	(12) _____ (State agency or board listed on line 3)
(13) _____ (street address/p.o. box)	(city) (state) (zip code)

(14) This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(15) \_\_\_\_\_  
 (your signature)

When you have completed this form, you **MUST** mail or deliver the **ORIGINAL** to the Office of Administrative Hearings, 1711 New Hope Church Road, Raleigh, NC 27609.

**INSTRUCTIONS FOR FORM H-06  
“PETITION FOR A CONTESTED CASE” AND “CERTIFICATE OF SERVICE”**

# NOTICE:

**NO PERSON PREPARING OR FILING A DOCUMENT TO BE RECORDED  
OR FILED IN THE OFFICIAL RECORDS OF OAH MAY INCLUDE A**

- **social security number, • employer taxpayer identification number,**
  - **drivers license number, • state identification number, • passport number, •**
  - **checking account number, • savings account number, • credit card number,**
  - **debit card number, • personal identification (PIN) code or password**
- IN THE DOCUMENT, UNLESS EXPRESSLY REQUIRED BY LAW OR  
COURT ORDER.**

- Documents that contain this information may be filed if the information is redacted prior to filing (as where the information is blacked out by the filer to make it unreadable).

**FILL IN BLANKS:**

Fill in your county of residence (1), print your name on line (2), and the name of the agency or board about which you are complaining on line (3). Be sure to briefly state the facts about your case. Enter the dollar amount in controversy, if applicable on line (4). Check all of the items that apply in section (5). Enter the date on line (6), your telephone number and email address on line (7), your mailing address on line (8), print your name on line (9), and **sign your name on line (10).**

**CERTIFICATE OF SERVICE:**

You must mail or deliver a copy of your completed petition to the agency or board named on line (3) and complete the “certificate of service” section on your petition, entering the name of the person to whom you mailed or delivered the petition on line (11). You should contact the agency or board to determine the name of the person to be served or visit the Process Agent Directory at <https://ncdoj.gov/legal-services/legal-resources/process-agent-directory/>. Print the name of the state agency involved on line (12), the address of the agency or board on line (13), the date on line (14), and **sign your name on line (15).**

**FILING FEE**

Filing fees can be paid by either, cash, money order, certified check or checks drawn on attorney trust accounts. The fee must be paid at the time the petition is filed. Checks should be made payable to the Office of Administrative Hearings. If your case is involving a mandated federal cause of action there is no fee. The filing fee for Certificate of Need cases is \$125.00 as well as Environmental issues concerning Clean Water Act permitting, Clean Air Act permitting, Animal Waste Management System permitting, and permitting for water use within capacity use areas and any case when the amount in controversy is \$50,000.00 or more. All other case types shall pay \$20.00.

## **FILING YOUR PETITION WITH THE OFFICE OF ADMINISTRATIVE HEARINGS:**

Your contested case will commence as soon as you file your completed original petition, properly signed and appropriate fee paid, with the Office of Administrative Hearings. Below is the mailing and physical address:

**Office of Administrative Hearings  
1711 New Hope Church Road  
Raleigh, NC 27609**

If you mail this form, the case commences when it is **received and filed** in this office.

You may file your petition by fax during normal business hours by faxing the petition to the Clerk's Office at (984) 236-1871.

You may file your petition by electronic mail with an attached file either in PDF format or a document that is compatible with or convertible to the most recent version of Word for Windows by sending the electronic transmission to [oah.clerks@oah.nc.gov](mailto:oah.clerks@oah.nc.gov). Electronic mail without attached file may not constitute a valid filing.