

**PLEASE PRINT CLEARLY OR TYPE**

STATE OF NORTH CAROLINA  
COUNTY OF (1) \_\_\_\_\_

IN THE OFFICE OF  
ADMINISTRATIVE HEARINGS

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

**PETITION  
FOR A  
CONTESTED CASE HEARING  
(N.C. Gen. Stat. § 126)**

I hereby ask for a contested case hearing as provided for by North Carolina General Statutes §§ 126-34.01, 126-34.02 and 126-35 because the Respondent has acted as follows:

(4) **MY APPEAL IS BASED ON:** (check all that apply)

\* \_\_\_\_\_ discharge without just cause \_\_\_\_\_ suspension without just cause \_\_\_\_\_ demotion without just cause  
\_\_\_\_\_ failure to receive priority consideration \_\_\_\_\_ other (explain) \_\_\_\_\_

\* The following occurred due to discrimination and/or retaliation for opposition to alleged discrimination:

\_\_\_\_\_ employment \_\_\_\_\_ demotion  
\_\_\_\_\_ promotion \_\_\_\_\_ layoff  
\_\_\_\_\_ training **AND/OR** \_\_\_\_\_ termination  
\_\_\_\_\_ transfer  
\_\_\_\_\_ other (explain) \_\_\_\_\_

\* If your appeal is based upon alleged discrimination and/or retaliation for opposition to alleged discrimination, you **must** specify the type of discrimination: \_\_\_\_\_ Race \_\_\_\_\_ Religion \_\_\_\_\_ Color \_\_\_\_\_ Genetic Information \_\_\_\_\_ National Origin  
\_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Disability \_\_\_\_\_ Political Affiliation

(5) Briefly state facts showing how you believe you have been harmed by the State/local agency or board:

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

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

Pay grade: \_\_\_\_\_ Months of continuous State employment: \_\_\_\_\_ Job title: \_\_\_\_\_

If applicant, I applied for: \_\_\_\_\_

(6) Date: \_\_\_\_\_ (7) Your phone number: ( ) \_\_\_\_\_

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

Print your e-mail address: \_\_\_\_\_

(9) Print your name: \_\_\_\_\_ (10) Your signature: \_\_\_\_\_

You must mail or deliver a **COPY** of this Petition to the 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 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) \_\_\_\_\_ (12) \_\_\_\_\_  
(name of person served) (agency or board listed on line 3)

(13) \_\_\_\_\_  
(address)

(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.

Filing a Petition for a Contested Case Hearing **does not** constitute the filing of a discrimination charge with the EEOC or the Civil Rights Division of the Office of Administrative Hearings. Should you decide to file such a charge, you should contact the Office of Administrative Hearings, Civil Rights Division or the EEOC office nearest you; EEOC offices are located in the following cities: Charlotte, Raleigh, and Greensboro.

**This box for OAH use only.**

<p>Amount Paid \$ _____</p> <p><input type="checkbox"/> Cash – receipt number _____</p> <p><input type="checkbox"/> Money Order <input type="checkbox"/> Certified Check <input type="checkbox"/> Attorney Trust Account</p> <p>Check number _____</p>	<p><input type="checkbox"/> Indigent (must complete form HOI)</p> <p><input type="checkbox"/> Mandated federal cause of action</p> <p><b>Received by:</b> _____</p>
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**INSTRUCTIONS FOR FORM H-06A (personnel)  
“PETITION FOR A CONTESTED CASE” AND “CERTIFICATE OF SERVICE”**

**PLEASE PRINT CLEARLY OR TYPE**

**FILL IN BLANKS:**

Fill in your county of residence on line (1), print your name on line (2), and the name of the agency or board about which you are complaining on line (3). Check all of the items that apply in section (4), and briefly state the facts about your case on line (5); you may add additional pages if necessary. Fill in the subsequent blanks (pay grade, months of employment, etc.), enter the date on line (6), your telephone number on line (7), your full mailing and e-mail addresses 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 involved 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. Print the name of the agency/board involved on line (12), the address of the agency/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. A **\$20.00** fee must be paid when the petition is filed. Checks should be made payable to the Office of Administrative Hearings.

**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 the appropriate filing fee, with the Office of Administrative Hearings. Below is the mailing and physical address:

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

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

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 by 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 shall not constitute a valid filing.