

DISPUTE REHEARING REQUEST FORM

Use this form to request a rehearing if you wish to appeal the Administrative Law Judge's Decision. This form must be submitted to the Department within 30 days of receipt of the Decision.

Once completed, the application and additional documents should be submitted through our [Message Center](#).

AGGRIEVED PARTY INFORMATION	
Aggrieved Party Full Name:	
Phone:	Email:
Docket Number (ALJ Decision):	Case Number (Notice of Petition):

ADDITIONAL INFORMATION	
Select all boxes that apply to specify the particular grounds for rehearing requests. Evidence to support any claim(s) will be required for rehearing.	
<input type="checkbox"/> Irregularity in the proceedings or any order or abuse of discretion by the administrative law judge that deprived a party of a fair hearing.	<input type="checkbox"/> Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing.
<input type="checkbox"/> Accidents or surprises that could not have been prevented by ordinary prudence.	<input type="checkbox"/> Misconduct by the Department, Administrative Law Judge, or the prevailing party.
<input type="checkbox"/> Excessive or insufficient penalties.	<input type="checkbox"/> Error in the admission or rejection of evidence or other errors of law occurring during the proceeding.
<input type="checkbox"/> The findings of fact or decisions are arbitrary, capricious, or an abuse of discretion.	<input type="checkbox"/> The findings of fact or decision is not supported by the evidence or is contrary to law.
<input type="checkbox"/> Other:	
Provide statement to substantiate the above claim(s) and attach supporting documentation as needed:	

NUMBER OF ISSUE(S) CLAIMED IN THIS PETITION:			
<input type="checkbox"/> One (1) - \$500.00	<input type="checkbox"/> Two (2) - \$1,000.00	<input type="checkbox"/> Three (3) - \$1,500.00	<input type="checkbox"/> Four (4) - \$2,000.00

AGGRIEVED PARTY SIGNATURE	
Signature:	Date: