



DOH 422-227 January 2024

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

NOTICE OF RIGHTS AND OPPORTUNITY FOR BRIEF ADJUDICATIVE PROCEEDING

You have the right to request a Brief Adjudicative Proceeding to determine whether the Washington State Department of Health (Department) correctly denied your request to obtain a vital record. If you wish to request a Brief Adjudicative Proceeding, you must submit a request in writing along with a written explanation of your view of the facts and circumstances regarding the denial. Your written explanation is necessary to help the presiding officer determine whether the Department correctly denied your application.

You may submit this Request for a Brief Adjudicative Proceeding in one of the following ways:

1. Email it as an attachment, or in the body of the email include your responses to Section One, Two, Three, and Four and send it to: VitalRecordsAdministrativeServices@doh.wa.gov
2. Mail it to:
Center for Health Statistics
Attn: BAPS
Washington State Department of Health
P.O. Box 47814
Olympia, Washington 98504

Your request for a Brief Adjudicative Proceeding must be received by the Department within twenty-eight (28) days of receipt of this notice. The date this notice was deposited in the mail, or the date the Department hand-delivered this notice. Your 28-day deadline to request a Brief Adjudicative Proceeding is calculated from this date. Failure to adhere to this deadline will constitute a waiver of your right to a Brief Adjudicative Proceeding.

You may also request the opportunity to make an oral statement *in addition* to your written explanation. The request to make an oral statement must be included with your written statement. Your request may be granted if the presiding officer determines such a statement would benefit the presiding officer in reaching a decision. If the presiding officer grants a request to make an oral statement, you will be notified of the time and place for making an oral statement and all parties shall be entitled to make oral statements. Should any party fail to appear at the designated time and place to provide an oral statement, the presiding officer will take the oral statement of any party present and shall consider it with all written submissions.

If either you do not request a Brief Adjudicative Proceeding, you do not submit a written explanation, or if your written Brief Adjudicative Proceeding request is not postmarked or received within the deadline stated above, this will constitute a waiver of your right to a Brief Adjudicative Proceeding and the Director will find that you do not contest the Department's enforcement actions. Upon such a finding by the Director, a default order will be entered to affirm the enforcement actions.

INTERPRETER AVAILABILITY: If you or a witness for you is a person who cannot readily speak, hear, read, understand, or communicate in the English language, a qualified interpreter may be appointed at no cost to you or your witness. You may request a qualified interpreter on the attached Request for Brief Adjudicative Proceeding.

**BEFORE THE SECRETARY OF THE
DEPARTMENT OF HEALTH
OF THE STATE OF WASHINGTON**

**IN THE MATTER OF THE
APPLICATION OF:**

[NAME OF APPLICANT]

SFN:[State File Number]

**REQUEST FOR BRIEF
ADJUDICATIVE PROCEEDING**

**SECTION ONE: REQUEST FOR BRIEF ADJUDICATIVE PROCEEDING
(Please check A or B)**

A. I REQUEST A BRIEF ADJUDICATIVE PROCEEDING in this matter and the opportunity to provide a written explanation concerning the alleged violations, which I have included below.

I will be represented by an attorney. The name and address of my attorney or authorized representative is:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

B. I DO NOT CONTEST THE ALLEGATIONS AND WAIVE my right to a Brief Adjudicative Proceeding in this matter.

SECTION TWO: WRITTEN EXPLANATION

WRITTEN EXPLANATION: (You may attach additional comment sheets and copies of documents and other written information that applies to your case):

SECTION THREE: REQUEST FOR OPPORTUNITY TO MAKE AN ORAL STATEMENT

In addition to my written explanation, I request an opportunity to make an oral statement on the alleged violations for the following reasons. *(The presiding officer may grant a request for an oral statement if they believe an oral statement will benefit them in making a decision.)*

SECTION FOUR: INTERPRETER REQUEST

I REQUEST that a qualified interpreter be appointed to interpret for me for the oral statement (if granted). My primary language is _____ (identify language). My hearing or speech impaired status is _____ (identify impaired status).

I understand that an interpreter will be appointed at no cost to me for the oral statement. **Only persons certified by the state can provide interpretation services.**

SECTION FIVE: HOW TO SUBMIT YOUR REQUEST

You may submit this Request for Brief Adjudicative Proceeding in one of the following ways:

1. Email it as an attachment, or in the body of the email include your responses to Section One, Two, Three, and Four and send it to:
VitalRecordsAdministrativeServices@doh.wa.gov

2. Mail it to: Center for Health Statistics
Attn: BAPS
Washington State Department of Health
P.O. Box 47814
Olympia, Washington 98504

THIS REQUEST FOR A BRIEF ADJUDICATIVE PROCEEDING MUST BE RECEIVED BY THE DEPARTMENT WITHIN TWENTY-EIGHT (28) DAYS OF RECEIPT OF THIS NOTICE. FAILURE TO ADHERE TO THIS DEADLINE WILL CONSTITUTE A WAIVER OF YOUR RIGHT TO A BRIEF ADJUDICATIVE PROCEEDING AND THE DEPARTMENT WILL ISSUE A DEFAULT ORDER UPHOLDING THE DECISION TO DENY YOUR APPLICATION.

Signature: _____
Print Name: _____
Date: _____
Daytime Phone Number: _____