

STATE OF WASHINGTON
GAMBLING COMMISSION



Request for Administrative Hearing and Interpreter

This is an important notice, please read carefully. By filling out the form below, you are requesting the opportunity to discuss settlement options and keeping the right to an administrative hearing.

To discuss settlement options and to keep your right to a hearing, this form **MUST be completed by you and *received* by us either within 23 days from the date the Charges were mailed via regular mail or within 20 days from the date you receive the Charges by certified mail or personal service. If you do *not* submit this form and request a hearing, you will have waived your right to a hearing and your gambling license/certification will be revoked through a Default Order.**

If you have any question regarding your legal rights, you are strongly encouraged to contact an attorney.

If you have general questions, contact Hollee Arrona (800) 345-2529, extension 3555.

1. Place a check mark next to the statement that describes your request in this matter.

___ I want the opportunity to discuss settlement options and keep the right to a hearing.

___ I do **NOT** want a hearing. I understand this may result in a Default Order for the revocation of my gambling license/certification.

2. Current address and contact information.

Licensee or
Organization
Name _____

Address _____

Phone number _____

E-mail address _____

Please click here___ if you would like to receive further contact and documents by E-mail only.

3. Please click here if you are or plan on being represented by an attorney

***Please have your attorney send the Commission a Notice of Appearance within 10 days.**

4. You may add a statement explaining your position in this matter.

5. You have the right to have an interpreter for your administrative hearing, if you or any witness you call to testify, is a limited English-speaking person or a hearing-impaired person. This service is free of charge.

Please click here if you do not need an interpreter.

Please click here if you need an interpreter for the _____ language.

6. Name of person submitting form: _____

Address: _____

Signature: _____

Place Signed: _____

Date Signed: _____