

South Carolina Administrative Law Court (SC ALC)
Request for Contested Case Hearing FORM
Mail to: 1205 Pendleton St., Suite 224, Columbia, SC 29201

Last Name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Docket No. (To Be Completed by ALC)
Mailing Address:			City:		State and Zip:	
Home Number:	Work Number:	Cell Number:		*E-Mail Address:		

*By providing your e-mail address, you consent to receive court orders and notices via electronic transmission

REPRESENTATION

Are you representing yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you represented by an Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Attorney:
Attorney Mailing Address:	City, State and Zip:
Attorney Work Number and Cell Number:	Attorney E-Mail Address:

CASE INFORMATION

Name of Agency that Issued the Decision: (Example – Dept. of Revenue, Dept. of Insurance, DHEC)	
In order to have your case processed, you must attach the agency decision. Is it attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
Date the decision was issued:	Date the decision was received:
Please provide a brief statement regarding why the hearing is being requested and the relief sought:	
Payment via <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash for \$ submitted today to the Administrative Law Court via	(applicable filing fee pursuant to ALC Rule 71) is being <input type="checkbox"/> U.S. Postal Service <input type="checkbox"/> Hand-delivery
_____	_____
X <i>Your Signature or Signature of Attorney</i>	<i>Date</i>

PROOF OF SERVICE (MUST BE COMPLETED)

Your Name:	Date:	City:	State:
I hereby certify that on the date and place listed above, I served a copy of the foregoing Request for Contested Case Hearing on all other parties to this matter by depositing the same in the United States Mail, postage paid, and addressed as follows (use the reverse side for any additional names):			
_____	_____	_____	_____
Name and/or Agency Name	Address	City, State and Zip	
_____	_____	_____	_____
Name and/or Agency Name	Address	City, State and Zip	
_____	_____	_____	_____
X <i>Your Signature or Signature of Attorney</i>	<i>Date</i>		

Attention: All cases filed in the Administrative Law Court are subject to the Rules of Procedure found at the Court's website www.scalc.net or from the Clerk of Court. Failure to follow these rules may result in dismissal of your case.