



**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**  
**Civil Division – Civil Actions Branch**  
**500 Indiana Avenue, N.W., Suite 5000 Washington, D.C. 20001**  
**Telephone: (202) 879-1133 Website: www.dccourts.gov**

\_\_\_\_\_  
**Petitioner(s)**

v.

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
**Respondent-Agency**

**PETITION FOR REVIEW OF AGENCY ORDER OR DECISION**

1. Petitioner(s) \_\_\_\_\_ (provide full name of each petitioner) ask(s) the Superior Court to review the order or decision issued on \_\_\_\_\_ (date) by the \_\_\_\_\_ (provide the name of the agency).

2. A copy of the order or decision sought to be reviewed must be attached. I  have; or  have not attached a copy of the order or decision sought to be reviewed.

3. Petitioner(s) request(s) the following:

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

**SIGNATURE AND ADDRESS OF PETITIONER(S)/ATTORNEY(S)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name Bar Number (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Email Address Phone Number

\_\_\_\_\_  
City, State, Zip

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date), a copy of this Petition for Review was served on the agency that conducted the proceedings, the Office of the Attorney General, and any other party to the agency proceeding, as specified below:

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email Address and Phone Number

\_\_\_\_\_  
Method of service

\_\_\_\_\_  
Office of the Attorney General for the  
District of Columbia

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email Address and Phone Number

\_\_\_\_\_  
Method of service

\_\_\_\_\_  
Name of Other Party

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email Address and Phone Number

\_\_\_\_\_  
Method of service

\_\_\_\_\_  
Name of Other Party

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email Address and Phone Number

\_\_\_\_\_  
Method of service

\_\_\_\_\_  
Name of Other Party

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email Address and Phone Number

\_\_\_\_\_  
Method of service

\_\_\_\_\_  
Name of Other Party

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email Address and Phone Number

\_\_\_\_\_  
Method of service

**SIGNATURE AND ADDRESS OF PETITIONER(S)/ATTORNEY(S)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name      Bar Number (if applicable)

\_\_\_\_\_  
Email Address      Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip