**WASHINGTON STATE**

**OFFICE OF ADMINISTRATIVE HEARINGS**

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| In the matter of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Appellant. | Docket No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **NOTICE OF APPEARANCE**  Agency: Health Care Authority (HCA) |

TO: Office of Administrative Hearings; and

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

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

YOU AND EACH OF YOU WILL PLEASE TAKE NOTICE that \_\_\_\_\_\_\_\_\_\_\_\_ hereby enters \_\_\_\_\_\_\_\_ appearance in the above-entitled case as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Appellant, and requests that any and all further pleadings, except original process, in the above-entitled case be served upon the said representative for Appellant at the address below.

DATED this \_\_\_day of \_\_\_\_\_\_, 20\_\_.

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

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I certify that I mailed a copy of this document, postage prepaid, to all parties or their counsel of record. I certified under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, WA.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_