

**BEFORE THE HEARING EXAMINER
CITY OF SEATTLE**

In the Matter of the Appeal of

[APPELLANT’S NAME]

from a decision issued by the Director,
Department of _____

Hearing Examiner File:

____-____-____ (____)

MOTION TO INTERVENE

Pursuant to Hearing Examiner Rule (“HER”) 3.09, [name], asks that the Hearing Examiner grant [him/her/it] intervenor status in this appeal. The scheduled hearing date is more than 10 business days away, as required by HER 3.09.

[Name] [has a substantial interest in/is affected by] the matter appealed as follows: [Explain the substantial interest or how the appeal will affect you]

[Name’s] interest will not be adequately represented unless [name] is allowed to intervene. [Explain here why the parties to the appeal would not adequately represent your interest in the appeal.]

Allowing [name] to intervene will not delay the hearing process, expand the issues beyond those stated in the appeal, or prejudice the rights of the parties. [Explain here why each of these three requirements is met.]

Dated this ____ day of _____, 20__.

[Name]
[Appellant’s/Respondent’s] Representative