

# Nomination to publish final order<sup>1</sup>

## On the HCA Index of Significant Decisions

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Your address: \_\_\_\_\_

Your contact phone number: \_\_\_\_\_

Appellant named in the proposed final order: \_\_\_\_\_

Docket number of proposed final order: \_\_\_\_\_

*Please attach a copy of the nominated final order.*

1. Is the final order substantially important to the HCA when carrying out its duties?

Yes  No  If you checked yes, please briefly explain:

2. Does the final order answer a question not already addressed in applicable law?

Yes  No  If you checked yes, please briefly explain:

3. Does the final order address an issue that arises frequently?

Yes  No  If you checked yes, please briefly explain:

4. Was the final order affirmed by a Court of Appeal or the Supreme Court?

Yes  No  If you checked yes, please provide the citation:

5. Was the final order decided based on an emergency regulation?

Yes  No

6. Is the final order pending judicial review?

Yes  No

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<sup>1</sup>HCA's decision whether to recommend and publish a particular final order on the HCA BOA Index is not appealable.



7. Was the final order decided based on a law that has since changed?

Yes  No

8. Was the final order overturned on judicial review?

Yes  No  If you checked yes, please provide the citation:

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**THE FOLLOWING SECTION IS FOR HCA INTERNAL USE ONLY**

1. HCA BOA Recommendation: Publish  Do Not Publish

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Chief Review Judge

Date

Explanation why the recommendation is to publish or not to publish: \_\_\_\_\_

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2. Route this form to the HCA Deputy Director with a copy of the final order.

3.  Approved  Disapproved \_\_\_\_\_

HCA Deputy Director

Date

4. Return to the HCA BOA for further processing.

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