



Health and Restaurant Hearings

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Hearings Division

Appeals Unit
66 John St., 11th Floor
New York, NY 10038

REQUEST FOR APPEAL EXTENSIONS AND HEARING RECORDINGS

YOU MAY USE THIS FORM TO REQUEST:

- MORE TIME TO APPEAL; OR
THE AUDIO RECORDING OF THE HEARING IN ORDER TO REVIEW BEFORE APPEALING.

MAIL THE COMPLETED FORM TO:

- THE OATH HEARINGS DIVISION AT THE ADDRESS ABOVE; AND
THE ENFORCEMENT AGENCY RESPONSIBLE FOR THE VIOLATION.

Information About the Notice or Summons and the Person Completing This Form

If a representative is listed, the Hearings Division will mail a response to the representative at the representative's address. If a representative is not listed, the Hearings Division will mail a response to the address listed below.

Notice/Summons Number(s) (use an extra page if needed):

Name on Notice/Summons: Representative Name:

Mailing Address: Mailing Address:

City, State: City, State:

Zip Code: Zip Code:

Telephone Number: Telephone Number:

Email Address: Email Address:

This Request Is For (check one):

An extension of time to file an appeal. The request must be supported by evidence of impossibility or other explanation of inability to file timely:

Blank lines for providing evidence of impossibility or other explanation.

An audio recording of the hearing. When the recording is mailed, you will be given an extra thirty days to serve and file your appeal.

(TURN OVER. YOU MUST COMPLETE THE NEXT PAGE)

Steps That Must Be Taken In Order To Request an Extension or the Hearing Recording

1) Has the penalty been paid? (you **MUST** check yes to one of the below choices)

- The penalty for the violation was paid YES NO

The penalty imposed in the hearing decision must be paid before the respondent can request an extension or the hearing recording.

- Respondent is requesting a hardship waiver of payment of the penalty YES NO

If the respondent cannot pay because of financial hardship, the respondent may ask to not pay while the appeal is being decided. If the respondent loses the appeal, the respondent must pay all penalties.

*You **MUST** attach proof of hardship, such as the first two pages of the respondent's Federal tax return, and **EXPLAIN BELOW** how paying the penalty now would be a financial hardship.*

2a) I am sending a copy of the request to:

- Department of Health and Mental Hygiene**
Attn: General Counsel
42-09 28th Street
Long Island City, NY 11101-4132

The request will be rejected unless you send a copy of the completed request form to the enforcement agency responsible for the violation. If the respondent is requesting a hardship waiver, do not send the agency copies of the proof of hardship.

Note: Enforcement agencies must attach a separate affidavit indicating service on the respondent.

2b) You can prove that you sent a copy of your request to the agency by checking the box next to the agency in Step 2a above AND completing and signing the statement below.

I [print your name] _____, RESIDING AT [your address] _____,

CERTIFY UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO SUBMIT THIS REQUEST FORM, THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION I INCLUDED ON THIS FORM AND IN THE ATTACHMENTS, IF ANY, IS TRUE, AND THAT ON [date] _____ I SENT A COPY OF THIS REQUEST FORM TO THE ENFORCEMENT AGENCY RESPONSIBLE FOR THE VIOLATION(S) AT ITS ADDRESS LISTED ABOVE BY PLACING IT IN A U.S. POSTAL SERVICE MAILBOX OR BY OTHER MAILING SERVICE.

YOUR SIGNATURE: _____