



APPEAL FORM

Use this form only if you want to appeal the decision from your hearing.

GENERAL INSTRUCTIONS FOR COMPLETING THE APPEAL

1. If you want to appeal the Hearing Officer's decision, you must file an appeal within thirty (30) days of the "Decision Date".
2. You must complete both sides of this form and sign your name in the appropriate place in Section 4 of this form.
3. If you wish to request a copy of the audio recording of the hearing before you file an appeal, you must do so within 7 days of the date of the Hearing Officer's decision. You must send your request in writing on a "[Request for Audio Recording of Hearing](#)" form to:

OATH Hearings Division
31-00 47th Avenue, 3rd Floor
Long Island City, NY 11101-2324
Attn: Appeals Unit

If your request for the audio recording is timely, you will have thirty (30) days from the date of the Hearing Officer's decision or twenty-one (21) days from the mailing date of the recording by OATH (whichever is greater) to file your completed appeal application form.

4. Only a party, or a representative authorized by a party, may file an appeal.
5. You must send a copy of the appeal to the agency that issued your summons and provide proof that you have done so to OATH (*see Section 5 of this Form*)
6. If you are a representative of the respondent, you must submit a signed form authorizing you to represent the respondent. If you have already submitted proof of authorization, it is not necessary to do so again.
7. Forms are available at www.nyc.gov/oath
8. Questions may be directed to 1-844-OATH-NYC or (844) 628-4692.

1. RESPONDENT INFORMATION (Please Print Clearly)

Name: _____ Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Email: _____ TLC License Number: _____

2. SUMMONS(ES) YOU BELIEVE SHOULD BE REVERSED OR MODIFIED

Does this appeal concern an order of suspension or revocation of Respondent's license? Yes
 No

Hearing Date	Summons Number(s) Appealed	Rule Violation(s)
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____

Use additional sheets if necessary.

3. REASON WHY YOU BELIEVE THE HEARING OFFICER'S DECISION IS WRONG

You must write a brief statement including specific reasons why the decision is incorrect. You may only rely on facts or evidence or arguments that were used at the hearing. The Appeals Unit will not consider new facts and arguments to decide your appeal. Print clearly, and use additional sheets if necessary.

Empty text area for providing reasons for appeal.

4. THE PARTY APPEALING

- I am:
- Respondent
 - Respondent's Representative
 - (if Registered Representative include number _____)
 - Respondent's Attorney

Print Name: _____

 Signature: _____

Date: _____

5. HOW TO SERVE THE AGENCY THAT ISSUED YOUR SUMMONS

5(a): You must serve the agency that issued your summons. You may serve the agency by mail or in person at the following locations: (check the box next to the agency on which you served a copy of your appeal)

- | | | |
|--|--|---|
| <input type="checkbox"/> TLC
NYC Taxi & Limousine Commission
31-00 47 th Avenue, 3 rd Floor
Long Island City, NY 11101
Attn: USB Prosecution Unit | <input type="checkbox"/> NYPD
NYPD
31-00 47 th Avenue, 3 rd Floor
Long Island City, NY 11101
Attn: Sgt. Jessica Cox | <input type="checkbox"/> Port Authority of NY & NJ
Port Authority of NY & NJ
JFK Airport - Bldg. #14, 1 st Floor
South Service Road
Jamaica, NY 11430
Attn: G. Braxton |
|--|--|---|

Your appeal will be rejected unless you send a copy of your completed appeal application, including any attachments, to the agency responsible for issuing your summons.

5(b): You can prove that you sent a copy of your appeal to the agency that issued your summons by checking the box next to the agency in Section 5a above **AND** completing and signing the statement below.

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

DECLARE UNDER PENALTY OF PERJURY THAT ON [date] _____ **I SENT A COPY OF THIS APPEAL, INCLUDING ANY ATTACHMENTS, TO THE AGENCY RESPONSIBLE FOR ISSUING MY SUMMONS AT ITS ADDRESS LISTED ABOVE BY PLACING IT IN A U.S. POSTAL SERVICE MAILBOX WITH PROPER POSTAGE OR BY ANOTHER MAILING SERVICE.**

YOUR SIGNATURE _____

6. MAILING PROCEDURES

- MAIL APPEAL FORM AND ATTACHMENTS TO: OATH Hearings Division
Attn: Appeals Unit
31-00 47th Avenue, 3rd Floor
Long Island City, NY 11101-2324