CITY OF NEW YORK
OATH **Health Tribunal**
A Division of the Office of Administrative Trials and Hearings

Health Tribunal
66 John Street, 11th Floor
New York, NY 10038

REQUEST FOR A NEW HEARING DATE

DATE: _____ DOCKET NO: _____

RESPONDENT: _____ DBA: _____

ADDRESS OF VIOLATION: _____

CITY: _____ STATE: _____ ZIP CODE: _____

INFORMATION ABOUT YOU

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

MAILING ADDRESS (if different from above) _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ PHONE NUMBER: _____ E-MAIL: _____

CHECK THE BOX BELOW THAT BEST DESCRIBES WHO YOU ARE:

- ☐ Respondent
- ☐ Partner/Officer of respondent company
- ☐ Employee of respondent
- ☐ Owner of property/business
- ☐ Attorney
- ☐ General/Managing agent
- ☐ I work for _____ who is the general/managing agent
- ☐ Other (friend, relative, etc), describe _____
- ☐ Registered Representative, reg. no. _____

Your request for a new hearing date must be received by the Tribunal at least three business days prior to the date of the scheduled hearing. A respondent may make up to three requests for a new hearing date. All additional requests must be made in person before a Tribunal hearing examiner at the time of the scheduled hearing.

This is my (check one):

☐ First request ☐ Second request ☐ Third request

Comments (optional):

_____

_____

_____
Signature

BE SURE TO WRITE THE DOCKET NUMBER ON ALL CORRESPONDENCE