NOTICE OF VIOLATION

DOCKET NO. : **CAMIS NO. :** **PERMIT NO. :**

CITY OF NEW YORK DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PETITIONER,
against

Respondent:

D.B.A:

Address:

Telephone:

Is your name written here?

A hearing in this matter has been scheduled for before the New York City Health Tribunal, a division of the Office of Administrative Trials and Hearings, located at **66 John Street, 11th Floor, New York, NY 10038**.

You must respond to this notice of violation by either appearing at the scheduled hearing or by following one of the other options listed on the back of this notice. Failure to respond may result in a default judgment being issued against you, which means you will be found in violation of all allegations described below and any fines imposed will be doubled. Please read the back of this notice carefully, as it contains instructions regarding your rights, options, and obligations for responding to the allegations. You must include the Docket Number listed above in all correspondence and/or inquiries to the Health Tribunal.

VIOLATING CONDITIONS OBSERVED

LINE ITEM	VIOLATION CODE	TOTAL CONDITION	CODE SECTION	DESCRIPTION
X	violation 1			
X	violation 2			
X	violation 3			

Department of Health & Mental Hygiene employees must show identification. Falsification of any statement made herein is an offense punishable by a fine of not more than $500 or not more than 60 days imprisonment or both. NYC Administrative Code §10-154.

Proceedings will be held under the authority of the NYC Charter § 558 (as modified by Mayoral Executive Order No. 148 (June 8, 2011)); 24 Rules of the City of NY Chapter 7 and the NYC Health Code (as modified by Appendix to the Mayor's Committee on

I acknowledge that I have received a copy of this Notice of Violation and instructions for responding.

ISSUED BY:

Name: **Id No.:**

Title:

Date:

RECEIVED BY:

Name:

Title:

Date:

NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE • ADMINISTRATIVE TRIBUNAL, 66 JOHN STREET, 11th FLOOR, NEW YORK, NY 10038 (212) 361-1000

Permit No.	Complaint No.	Inspection Date	Time	Inspection Sequence
		/ /	: ☐ AM ☐ PM	☐ Initial ☐ 1 ☐ 2 ☐ 3 ☐ 4 Reinspection

MONTH / DAY / 20 YR TIME ← HEARING DATE

NOTICE OF VIOLATION DOCKET # –

NO.	CONDITION	CODE SECTION	DESCRIPTION

NO.	CONDITION	CODE SECTION	DESCRIPTION

NO.	CONDITION	CODE SECTION	DESCRIPTION

NO.	CONDITION	CODE SECTION	DESCRIPTION

NO.	CONDITION	CODE SECTION	DESCRIPTION

NO.	CONDITION	CODE SECTION	DESCRIPTION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE EMPLOYEES MUST SHOW IDENTIFICATION. FALSIFICATION OF ANY STATEMENT MADE HEREIN IS AN OFFENSE PUNISHABLE BY A FINE OF NOT MORE THAN $500 OR NOT MORE THAN 60 DAYS IMPRISONMENT OR BOTH, NYC ADMIN. CODE – SECTION 10-154.

RECEIVED BY	D.O.H.M.H. REP. SIGNATURE	NAME (TYPED OR PRINTED)	
BUREAU	I.D.#	SUPERVISOR'S SIGNATURE	243601

AT-183 (Rev. 10/05)

ADMINISTRATIVE TRIBUNAL COPY

HEARING DECISION

(CHECK ONE)

☐ APPEARANCE ☐ DEFAULT ☐ BY MAIL

DEFAULT VACATED ☐ CONT'D ☐	HEARING EXAMINER	DATE: / /

FINDINGS/COMMENTS	CONCLUSION DEFAULT	CONCLUSION PENALTY
	$	$

FINDINGS/COMMENTS	CONCLUSION DEFAULT	CONCLUSION PENALTY
	$	$

FINDINGS/COMMENTS	CONCLUSION DEFAULT	CONCLUSION PENALTY
	$	$

FINDINGS/COMMENTS	CONCLUSION DEFAULT	CONCLUSION PENALTY
	$	$

FINDINGS/COMMENTS	CONCLUSION DEFAULT	CONCLUSION PENALTY
	$	$

FINDINGS/COMMENTS	CONCLUSION DEFAULT	CONCLUSION PENALTY

Is your name written here?

DECISION DATE:	SIGNATURE
/ /	PRINT

FIELDS OUTLINED IN RED ARE FOR TRIBUNAL USE ONLY

CAMIS NUMBER

PRIOR DOCKET NO.

Telephone ( )

Persons Appearing/Title

IN THE MATTER OF FINDING OF VIOLATION AGAINST

Respondent	d/b/a	Address No. and Street	Borough	State	Zip	CO'T'D

Page ____ of ____ Pages