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

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

APPEAL APPLICATION

Use this form for your appeal. Please read the instructions carefully.

DOCKET NO: _____ DATE: _____

NAME ON NOTICE OF VIOLATION: _____

INFORMATION ABOUT YOU

LAST NAME: _____ MAILING ADDRESS: _____

FIRST NAME: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MIDDLE INITIAL: _____ COUNTRY: _____ PHONE NUMBER: _____

E-MAIL: _____

WHO ARE YOU: *(please check a box below)*

☐ Respondent ☐ Partner/Officer of respondent company ☐ Employee of respondent

☐ Petitioning Agency (DOHMH) ☐ Owner of property/business ☐ General/Managing agent

☐ I work for _____ who is the general/managing agent

☐ Other (friend, relative etc), describe: _____

☐ Registered Representative (include number): _____

MAILING ADDRESS WHERE YOU WOULD LIKE THE DECISION MAILED

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____

STEPS YOU HAVE TO TAKE TO HAVE YOUR APPEAL DECIDED

1) **The appeal will be received within 30 days of the date of the hearing decision.** Yes ☐ No ☐

Your appeal will be rejected if it is received more than 30 days after the Decision Date. This date is on the front of your hearing decision.

2) **The penalty has been paid in full.** Yes ☐ No ☐

You must pay the penalty before your appeal can be decided. Payment means you either paid the penalty or posted a cash or recognized surety company bond.

3) **Respondent is requesting a waiver of payment of the penalty because it will be a hardship to pay while the appeal is being decided.** Yes ☐ No ☐

If respondent is requesting a waiver, you must attach financial documentation to support respondent's request. An example of financial documentation is a copy of respondent's most recent tax return.

Check here if you are attaching financial documentation ☐

-- PLEASE TURN OVER --

4) This is why the decision is wrong.

You must write a brief statement including the 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 use new facts and arguments to decide your appeal. Please include Line item(s) and Explanation(s). (Example: Line item 2. Your explanation)

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(Attach additional pages if needed)

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5) I have sent a copy of the completed Appeal Application to the Department of Health and Mental Hygiene, Attn: General Counsel, 42-09 28th Street, Queens, NY 11101. Yes ☐ No ☐

Your appeal will be rejected unless you send a copy of your completed appeal application to the Department of Health and Mental Hygiene in addition to the OATH Health Tribunal.

6) I have signed and notarized the statement below. Yes ☐ No ☐

You can prove you sent a copy to the Department of Health and Mental Hygiene by completing and signing the statement below and having your signature notarized.

I _____ **swear or affirm that on** _____ **,**
(your name) *(date)*

I sent a copy this Appeal Application _____
(your docket number)

to: Department of Health and Mental Hygiene
Attn: General Counsel
42-09 28th Street
Queens, NY 11101

by placing it in a U.S. Postal Service mailbox or other recognized mailing service.

_____
(your signature)

_____
Notary Public *(Required)*