

Steps You Must Take To Have the Hearings Division Decide the Appeal

1) Will the appeal be received by the Hearings Division in time?

YES

NO

The appeal will be rejected unless it is received no more than 30 days from the date of the hearing decision, or no more than 35 days if the hearing decision was mailed. If an extension of time to file was granted, the appeal must be received by the extension date. Send the appeal to both the Hearings Division Appeals Unit and the enforcement agency responsible for the violation (see Step 3).

2) 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 appeal.

- 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.*

3a) I am sending a copy of the appeal to:

- Department of Health and Mental Hygiene**

Attn: General Counsel

42-09 28th Street

Long Island City, NY 11101-4132

The appeal will be rejected unless you send a copy of the completed appeal application, including any attachments, 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.

3b) You can prove that you sent a copy of the appeal to the agency by checking the box next to the agency in Step 3a 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 APPLICATION, 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 APPEAL 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: _____