



Health and Restaurant Hearings

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Hearings Division

66 John St., 11th Floor
New York, NY 10038

REQUEST FOR A NEW HEARING AFTER A FAILURE TO APPEAR
(MOTION TO VACATE A DEFAULT)

- This form MUST be used to request a new hearing if the respondent failed to appear for the hearing.
A separate request must be made for each Notice/Summons.
Answer every question in the space provided. Fill out both sides.
The information provided on this form, as well as any documents submitted in support, may be provided to the enforcement agency responsible for the Notice/Summons.
Please read the instructions carefully.

Information About the Person Completing This Form

If the request is granted, a new hearing date will be mailed to the address listed below.

Name: _____

Mailing address: _____ City, State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Are you the named Respondent on the notice/summons? [] Yes [] No

If you are not the named Respondent, you must answer the following questions:

a) Check the box that best describes who you are:

[] Owner of property/business [] General/Managing agent [] Employee of respondent

[] Partner/officer of respondent company [] Other (friend, relative, etc...), describe _____

[] Registered representative, registration no. _____ [] Attorney

b) Are you authorized to represent the Respondent? [] Yes [] No

c) What is the name of the person who asked you to make this request? _____

d) What is that person's relationship to the Respondent? For example, if the notice/summons names a corporation as the Respondent, tell us what that person's job or title is at the corporation. _____

Information About the Notice or Summons

Notice/Summons Number (only one number per form): _____

CAMIS Number (if applicable): _____

Name of Respondent, exactly as it is written on the top of the Notice/Summons: _____

Place of Occurrence: _____ City, State: _____ Zip Code: _____

(TURN OVER. YOU MUST COMPLETE THE NEXT PAGE)

