



OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Hearings Division

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

For Internal Use Only

Old hearing date: _____

New hearing date: _____

Request taken by: _____

Notes: _____

REQUEST FOR A NEW HEARING DATE (RESCHEDULE)

- A request to reschedule must be received by the Hearings Division prior to the date and time of the scheduled hearing.
- Only one request to reschedule will be granted for each party for each Notice/Summons Number.

Information About the Person Completing This Form

The new hearing date will be mailed to the address listed below.

Date of Request: _____

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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Owner of property/business | <input type="checkbox"/> General/Managing agent | <input type="checkbox"/> Employee of respondent |
| <input type="checkbox"/> Partner/officer of respondent company | <input type="checkbox"/> Other (friend, relative, etc...), describe _____ | |
| <input type="checkbox"/> Registered representative, registration no. _____ | <input type="checkbox"/> 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 Numbers: _____

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: _____

I [print your name] _____, RESIDING AT [your address] _____,

CERTIFY UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO COMPLETE AND SUBMIT THIS REQUEST AND THAT TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION I INCLUDED ON THIS FORM AND IN THE ATTACHMENTS, IF ANY, IS TRUE.

YOUR SIGNATURE: _____