CITY OF NEW YORK
OATH
OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Hearings Division

Special Motion Part
66 John St., 10th Floor
New York, NY 10038
Tel: 1-844-OATH-NYC
Fax: 1-212-436-0768

For Internal Use Only

☐ NSL Mailed
Date: _____

Hearing Officer: _____
Date: _____

☐ Grant
I/O Req'd Yes ☐ No ☐
☐ Grant w/in 60 days
☐ Abandoned
☐ No Standing
☐ Deny 1 2 3 4 N/A
Notes:

Request for a New Hearing After a Failure to Appear (Motion to Vacate a Default)

- A separate request must be made for each summons/notice.
- Please read the instructions carefully.
- Answer every question in the space provided. Fill out both sides.
- Please attach each document that is requested or the request will be denied.
- Registered Representatives must attach completed Authorization Form.

Information About the Person Completing This Form

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

Name: _____

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

Telephone number: _____ Email address: _____

Are you the named Respondent on the summons/notice? ☐ 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
- ☐ Partner/officer of respondent company
- ☐ Registered representative, registration no. _____
- ☐ General/Managing agent
- ☐ Employee of respondent
- ☐ Other (friend, relative, etc…), describe _____
- ☐ 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 summons/notice names a corporation as the Respondent, tell us what that person's job or title is at the corporation. _____

Information About the Summons/Notice and Respondent

Summons/notice number (only one number per form): _____

Name of Respondent, exactly as it is written on the top of the summons/notice: _____

_____

Respondent's **current** mailing address (If you do not include this address, your request will be rejected): _____

_____

City, State: _____ Zip Code: _____ On what date did the Respondent first learn about this summons/notice? _____

How did the Respondent learn about this summons/notice? _____

_____

_____

_____

_____

(TURN OVER. YOU MUST COMPLETE THE NEXT PAGE)

Reason For Which A New Hearing Should Be Granted

*You must check at least **one** of the boxes below. If **no** box is checked, this request will be **denied**.*

☐ This request is a **first request** AND is filed **within 75 days** from the mailing date or hand delivery date of the Default Decision.

☐ This request is a **first request** AND is filed **more than 75 days** from the mailing date or hand delivery date of the Default Decision **but within 1 year** of the date of the Default Decision. You must provide a reasonable excuse for the Respondent's failure to appear at the hearing or this request will be denied. Examples of reasonable excuses are listed below. You **MUST** check the applicable choice(s):

- ☐ The Respondent did not receive the summons/notice because the issuing agency did not serve the summons/notice correctly.

  If the summons/notice names the property owner or owner's agent as Respondent, attach a copy of a New York City tax bill and/or multiple dwelling registration forms (if applicable) for the building for the year during which the summons/notice was issued.
  If the summons/notice does NOT name the property owner or owner's agent, attach proof of respondent's mailing address at the time the summons/notice was issued. Such proof may be a driver's license, permit, or an authorization to collect sales taxes.

- ☐ The summons/notice identifies the respondent as "Owner", "Agent", "Condo President" or another general title.

  Do not check this box if the summons/notice names a person, business, corporation, organization or other entity.

- ☐ The Respondent died on or before the hearing date.

  This applies only when the deceased is the person who is named as Respondent on the summons/notice. If so, attach a copy of the named Respondent's death certificate.

- ☐ The Respondent was legally incompetent at the time of the hearing.

  Provide a copy of a court order stating that the Respondent was incompetent.

- ☐ The Respondent owned the place of occurrence at one time, but sold or transferred it before the date of the summons/notice.

  Provide proof of the transfer, including a complete deed and a New York State Real Property Transfer Tax Form.

- ☐ The Respondent never owned the place of occurrence, or did not own it when the summons/notice was issued, and the summons/notice describes a violation that involves a building or specific property.

  If this reason applies, attach supporting documents, such as proof that someone else owned the building or property at the time the summons/notice was issued. This reason does NOT apply if the summons/notice is issued for a violation that does not relate to a building or property (for example, illegal posting of handbills, littering, vending or summonses/notices that name building managers, tenants, contractors, or other people working at a property).

- ☐ The Respondent is a former agent, tenant or person in control of the property where the violation occurred, but was no longer an agent, tenant or person in control at the time the summons/notice was issued.

  a) State respondent's connection to the property and when that connection ended: _____

  _____

  b) Attach a copy of any relevant agreements or leases that show when the respondent's connection to the property ended.

- ☐ The Respondent had an emergency requiring immediate medical or other attention.

  If this reason applies, attach a copy of any relevant documentation.

- ☐ Other (explain) (attach additional page if needed): _____

  _____

  _____

☐ This request is filed **more than 1 year** from the date of the Default Decision **OR** this is **not the first hearing date that the Respondent missed** on this Notice/Summons number. *(For summonses/notices charging violations of any laws or regulations that the Taxi and Limousine Commission has the duty or authority to enforce, this request must be filed within two years from the date of the default decision.)* The request will **only** be granted in exceptional circumstances. You must explain what those circumstances are. You may also attach any documents in support. _____

_____

_____

I [print your name] _____ **CERTIFY UNDER PENALTY OF PERJURY THAT (A) I AM AUTHORIZED TO COMPLETE AND SUBMIT THIS REQUEST AND (B) THAT TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION I INCLUDED ON THIS FORM AND IN THE ATTACHMENTS IS TRUE. I UNDERSTAND THAT FALSE STATEMENTS MADE IN THIS DOCUMENT AND/OR ANY OF ITS ATTACHMENTS ARE PUNISHABLE BY FINE OR IMPRISONMENT UNDER SECTION 175.30 OF THE PENAL LAW.**

YOUR SIGNATURE: _____ **DATE:** _____