

REQUEST TO ADJOURN/REOPEN A FAIR HEARING

P.O BOX 1930
ALBANY, NY 12201-1930

Please Print Information Clearly.

TODAY'S DATE: _____

FAIR HEARING NUMBER: _____ **CASE #:** _____

HEARING DATE AND TIME: _____

APPELLANT INFORMATION:

CASE NAME: _____
(LAST) (FIRST) (MI)

STREET ADDRESS: _____ APT. #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: () _____ FAX #: () _____

REASON FOR REQUESTING AN ADJOURNMENT ***OR*** REOPENING OF A DEFAULTED FAIR HEARING: (***REQUIRED TO ESTABLISH GOOD CAUSE***) _____

REPRESENTATIVE INFORMATION:

LEGAL GROUP: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: () _____ FAX #: () _____

PLEASE ATTACH DOCUMENTATION THAT WILL SUPPORT YOUR REQUEST FOR AN ADJOURNMENT/REOPEN

RECEIPT OF THIS FORM MEANS ONLY THAT YOUR REQUEST FOR AN ADJOURNMENT/REOPEN WILL BE ***EVALUATED.***

DO YOU WISH A FAX BACK FOR CONFIRMATION? YES NO

FOR OAH STAFF USE ONLY	
FAIR HEARING REOPENED _____	GENERAL ADJOURNMENT GRANTED _____
REOPEN DENIED/ NEW REQUEST PROCESSED _____	ADJOURNMENT DENIED _____
NEW FAIR HEARING # _____	INITIALS _____