CITY OF NEW YORK
OATH **Health Tribunal**
A Division of the Office of Administrative Trials and Hearings

Health Tribunal
66 John Street, 11th Floor
New York, NY 10038

REQUEST FOR A NEW HEARING AFTER A FAILURE TO APPEAR

YOU MAY ONLY MAKE ONE REQUEST FOR A NEW HEARING AFTER A FAILURE TO APPEAR.

DATE: _____ DOCKET NO: _____

RESPONDENT: _____ DBA: _____

ADDRESS OF VIOLATION: _____

CITY: _____ STATE: _____ ZIP CODE: _____

INFORMATION ABOUT YOU

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

MAILING ADDRESS (if different from above) _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ PHONE NUMBER: _____ E-MAIL: _____

CHECK THE BOX BELOW THAT BEST DESCRIBES WHO YOU ARE:

- ☐ Respondent
- ☐ Partner/Officer of respondent company
- ☐ Employee of respondent
- ☐ Owner of property/business
- ☐ Attorney
- ☐ General/Managing agent
- ☐ I work for _____ who is the general/managing agent
- ☐ Other (friend, relative, etc), describe _____
- ☐ Registered Representative, reg. no. _____

☐ Check here if this request will be postmarked within sixty days of the date of the default decision.

If the above does not apply, you must file this request within 0ne year of the date of default decision and show good cause why the respondent did not appear. Explain here:

_____

_____

_____

_____

_____

_____

You may attach any documents that help explain why the respondent failed to appear. You will be notified by mail whether your request is granted or denied.

_____
Signature

BE SURE TO WRITE THE DOCKET NUMBER ON ALL CORRESPONDENCE