RESPONSE TO APPEAL

Use this form to respond to an appeal filed by the other party in your case. You will use this form to tell the Appeals Unit why the hearing officer's decision was right. When you have completed the form, click the Submit button at the end of the form to file your response.

Date

Docket Number

Name on Notice of Violation

INFORMATION ABOUT YOU:

Last Name

First Name

Middle Initial

E-mail

Mailing Address

City

State

Zip Code

Country US

Phone Number

Who Are You

Registered Representative Number (If Applicable)

MAILING ADDRESS WHERE YOU WOULD LIKE THE DECISION TO BE MAILED:

Address

City

State

Zip Code

Country US

STEPS YOU HAVE TO TAKE TO FILE YOUR RESPONSE

1) **The response will be received within 30 days of the date on the appeal.**

If your response is not received within 30 days, the appeal will be decided without your response. If you received the appeal by mail, you are allowed 5 extra days to respond.

This is why the decision is correct.

You must include a brief statement with the specific reasons why the decision is correct. You may only rely on facts or evidence or arguments that were used at the hearing. The Appeals Unit will not use new facts and arguments to decide the appeal. Please include Line Item(s) and Explanation(s) . (*Example:* ***Line Item 2 . Your explanation*** *)*

☐ **I affirm that I am authorized to complete and submit this response.**

By clicking the Submit button below, I understand that I am signing and filing this response with the OATH Health Tribunal and that a copy is automatically sent to the Department of Health and Mental Hygiene. This has the same effect as signing by hand.

SUBMIT

DOHMH ONLY: Attach proof of service on respondent.

DOHMH USE ONLY SUBMIT