

## OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

**Hearings Division** 

66 John St., 10th Floor New York, NY 10038

For Internal Use Only		
Old hearing date:		
New hearing date:		
Request taken by:		
Notes:		

## **ENFORCEMENT AGENCY'S REQUEST FOR A NEW HEARING DATE (RESCHEDULE)**

- A request to reschedule must be received by the Hearings Division prior to the time of the scheduled hearing.
- Only one request to reschedule will be granted for each party for each summons/notice number
- Enforcement Agency must notify the Respondent of this request at least three business days prior to the scheduled hearing, unless the Respondent completes the waiver section below.

Date of request:	Is this the Enforcement Agency's first request for a new hearing date? ☐ Yes	□No
Name:	Title: Enforcement Agency:	
Telephone number:	Email address:	
Has Respondent been notified of	his request at least three business days prior to the scheduled hearing?	
☐ Yes Provide the co	ntact information you used to reach Respondent:	
☐ No If you answere	d no, the Respondent MUST complete the following waiver:	
RESPONDENT'S WAIVER OF THE THREE DAY PRIOR NOTIFICATION REQUIREMENT		
I, [print name] the Enforcement Agency notify Resp	, [sign name] waive the requiren ondent of its request to reschedule at least three business days prior to the scheduled hearing.	nent that
a) Check the box that best de  Owner of property/bu  Partner/officer of resp Registered representa b) Are you authorized to repr c) What is the name of the p d) What is that person's relative	t, you <u>must</u> answer the following questions: scribes who you are: siness	
Information About the Summons(es)/Notice(s)		
Summons/notice numbers:		
CAMIS number or TLC license num	ber (if applicable):	
Name of Respondent, exactly as it	is written on the top of the summons(es)/notice(s):	
I [print your name] 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:	

**Information About the Person Completing This Form**