



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:

RESPONDENT'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.
Registered Representatives must attach completed Authorization Form.

Information About the Person Completing This Form

The new hearing date will be mailed to the address listed below.

Date of request: _____ Is this the Respondent's first request for a new hearing date? [] Yes [] No

Name: _____

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

Telephone number: _____ Email address: _____

Are you the named Respondent on the summons(es)/notice(s)? [] Yes [] No

If you are not the named Respondent, you must answer the following questions:

- Check the box that best describes who you are:
[] Owner of property/business [] General/Managing agent [] Employee of respondent
[] Partner/officer of respondent company [] Other (friend, relative, etc...), describe _____
[] Registered representative [] 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(es)/Notice(s)

Summons/notice numbers: _____

CAMIS number or TLC license number (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: _____