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Office of Administrative Hearings Adjournment Request

[\(OAHRequests@dos.ny.gov\)](mailto:OAHRequests@dos.ny.gov)

<u>Respondent/Applicant Name:</u>	
<u>Person Making Request & Relationship to Respondent/Applicant:</u>	If you are making the request on behalf of the applicant/respondent, please submit a Notice of Appearance along with this request, if you have not done so already.
<u>Request Date:</u>	
<u>Administrative Law Judge:</u>	
<u>Hearing Date:</u>	
<u>Respondent(s) Contact Information:</u> (Once Judge has responded to this request, OAH will notify you)	<u>Please provide all contact information requested below. If you have a preferred method of contact, please indicate that method by checking the corresponding box below.</u> <input type="checkbox"/> <u>Phone:</u> <input type="checkbox"/> <u>Email:</u> <input type="checkbox"/> <u>Address:</u>
<u>Reason for Adjournment:</u>	

Adjournment requests MUST to be in writing three (3) days prior to hearing date. Please submit this form by emailing it to OAHRequests@dos.ny.gov or faxing it to 518-474-6239.