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ANDREW M. CUOMO
GOVERNOR

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SECRETARY OF STATE

Office of Administrative Hearings
Adjournment Request
(OAHRequests@dos.ny.gov)

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|--|---|
| <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.