

From: New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201-1930

TRANSMITTAL OF FAIR HEARING
DECISION TO APPELLANT

Fair Hearing #: XXXXXXXX	Agency:	XXXXXXX
Hearing Date: XX/XX/XX	Representative:	XXXXXXX
Decision Date: XX/XX/XX		XXXXXXXXXXXX
Case #: XXXXXXXXX		XXXXXXXXXX
Category/Subcategory: XXX		XXXXXX, XX XXXXX

*	* To:	XXXXXXXXXX XXXXXXXX
* ENCLOSED IS THE DECISION FOR YOUR FAIR HEARING *		XXXXXXXXXXXXXXXXXX
*	*	XXXXXXX, XX XXXXX

If the decision shows that you won your hearing and your local social services Agency is directed to take certain action, the agency should do this forthwith (as quickly as possible). If you do not feel that the Agency has taken the action which the decision tells it to take within 10 days after you receive this decision, you may fill out the attached form and send it to:

New York State Office of Temporary and Disability Assistance
Office of Administrative Hearings
Compliance Unit
P. O. Box 1930
Albany, NY 12201 – 1930

OR PHONE:
1-800-342-3334

NOTE: If the decision says that you must provide information or documents to the agency, or if the agency asks you for additional information to comply with the fair hearing decision, you should give it to the agency as soon as possible. If you do not provide the information promptly, the agency may not be able to comply with the decision within normal time frames.

If you did not win your hearing, you may bring a lawsuit in accordance with Article 78 of the Civil Practice Law and Rules against the State agency whose name appears at the top left of the decision. If you wish to bring a lawsuit and do not know how, you should contact the legal resources available to you (e.g. – County Bar Association, Legal Aid, Legal Services, etc.). You must start a lawsuit within 4 months after the date of decision.

A copy of this decision has been mailed to any Representative listed above.

Copies to: