

**REQUEST TO ADJOURN/REOPEN A FAIR HEARING**

P.O BOX 1930  
ALBANY, NY 12201-1930

WRITTEN REQUESTS FOR ADJOURNMENTS SUBMITTED LESS THAN SEVEN DAYS PRIOR TO THE HEARING MAY NOT ALLOW SUFFICIENT TIME FOR PROPER PROCESSING AND WRITTEN RESPONSE SHOULD IT BE NECESSARY.

*Please Print Information Clearly.*

**TODAY'S DATE:** \_\_\_\_\_

**FAIR HEARING NUMBER:** \_\_\_\_\_ **CASE #:** \_\_\_\_\_

**HEARING DATE AND TIME:** \_\_\_\_\_

**APPELLANT INFORMATION:**

CASE NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI)

STREET ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

REASON FOR REQUESTING AN ADJOURNMENT **OR** REOPENING OF A DEFAULTED FAIR HEARING:  
**(REQUIRED TO ESTABLISH GOOD CAUSE)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPRESENTATIVE INFORMATION:**

LEGAL GROUP: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

**PLEASE ATTACH DOCUMENTATION, IF ANY, THAT WILL SUPPORT YOUR REQUEST FOR AN ADJOURNMENT OR REOPENING OF THE FAIR HEARING.**

RECEIPT OF THIS FORM MEANS ONLY THAT YOUR REQUEST FOR AN ADJOURNMENT OR REOPENING WILL BE **EVALUATED.**