OAH – 457 XL0001 (10/12)

KEEP THIS NOTICE AND BRING THIS NOTICE TO YOUR HEARING

STATE OF NEW YORK

COPY SENT TO:

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Pursuant to Section 22 of the Social Services Law and in response to your request for a fair hearing, your hearing will be held at the following time and place:

| A FAIR HEARING NUMBER XXXXXXX                                                                                                                               | F PLACE OF HEARING<br>NY OTDA FAIR HEARINGS ID REQUIRED |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
|                                                                                                                                                             | SECURITY CHECK                                          |
|                                                                                                                                                             | AT INTAKE                                               |
| B AID STATUS<br>THE LOCAL OFFICE IS/IS NOT DIRECTED TO CONTINUE ASSISTANCE<br>UNCHANGED UNTIL THE FAIR HEARING DECISION IS ISSUED. SEE PAR.<br>8 ON REVERSE | G AGENCY<br>XXX/XXX/XXX                                 |
| C REPRESENTATIVE                                                                                                                                            | H TIME XX:XX AM/PM                                      |
| D ISSUES                                                                                                                                                    | I CATEGORY AND CASE NO.                                 |
| *****                                                                                                                                                       | XX/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  |
| E DATE XX/XX/XX                                                                                                                                             | J DATE OF HEARING REQUEST XX/XX/XX NEW                  |

**INSTRUCTIONS TO PARTIES** 

- 1. If you requested a hearing because the agency has changed your assistance, benefits or services, you may be entitled to receive your assistance, benefits or services unchanged until the decision is issued. In this case, the STATE COMMISSIONER HAS/HAS NOT directed the agency to continue your assistance, benefits or services unchanged until the fair hearing decision is issued.
- 2. If you are unable to appear at the scheduled time you may request an adjournment in person at our offices at 5 Beaver Street, New York, NY, or by phone at 877-209-1134 or online at <u>http://otda.ny.gov/oah</u>, where you may complete an online request form or print out a form that may be mailed or faxed to us. Adjournment requests received less than ten days prior to the hearing date may not allow sufficient processing time. If you do not hear back from us do not assume that the request was granted. An adjournment will be granted only if you have a valid reason for not appearing. If you are continuing to receive assistance, benefits or services unchanged during the hearing process and you request an adjournment, your assistance, benefits or services will continue until the hearing decision ONLY if an adjournment is granted. Failure to appear or contact us with a valid reason for your non-appearance will result in your assistance, benefits or services not being continued unchanged.
- 3. If you are late, your hearing may have to be adjourned. If you or your representative fail to appear at a scheduled hearing your hearing request will be considered abandoned unless within one year of the schedule date of the hearing you or your representative request restoration to the calendar and you provide good cause for failing to appear.
- 4. If you no longer wish to have a fair hearing, please sign the statement below and return this notice to the OTDA, Administrative Hearings, P.O. Box 1930, Albany, NY 12201.

I wish to withdraw my request for a fair hearing.

Signature Date

TURN OVER FOR ADDITIONAL INSTRUCTIONS

## OAH – 457 (10/12) REVERSE

## INSTRUCTIONS TO PARTIES

- 1) Bring to your hearing the following: this notice; witnesses, if any; documentary evidence, including local agency notices, relating to your request; books, records and other written evidence.
- 2) You have the right to be represented by an attorney or other representative, to present documentary evidence, to bring witnesses and to examine opposing witnesses and evidence. In most cases, your representative (other than an attorney) must have written authorization to represent you.
- 3) You have the right to have a language or sign interpreter provided to you at no cost at the hearing. To secure an interpreter write to the NYS OTDA address on the front of this notice or call (800) 342-3334 (Speech or hearing impaired: call NY Relay Services at 711 and ask the operator to call us at (877) 502-6155.)
- 4) The local agency must provide for transportation for you, your representatives and witnesses and for child care and other costs related to attending this hearing, if necessary. Please be prepared to present verification of these costs including medical verification of inability to travel by public transportation, to the local agency.
- 5) If you want to review your case record, contact your local agency for instructions. While you may examine your case record at a fair hearing, if you believe that the information in your case record may be helpful to you at your hearing, we recommend that you review it before your hearing date. Hearings will not be adjourned for the purpose of reviewing your case record unless you have made such a request. You do not have to request a fair hearing in order to review your case record. Any denial of review or access to your case records should be brought to the attention of the Administrative Law Judge.
- 6) You have the right upon request to obtain copies of document which the local agency will present at the hearing as well as copies of other documents you need for your hearing at no cost. <u>The documents will not be sent to you unless you make a specific request for them</u>. Failure of the local agency to provide you with such copies should be brought to the attention of the Administrative Law Judge.
- 7) To request such documents or to find out how you may review your case record, call or write the local agency regarding whose action you requested a fair hearing. You should also call or write that agency if you want additional information about your case, about how to gain access to your case file and/or additional copies of any documents.
- 8) If the local agency has been directed to continue your assistance, benefits or services unchanged until the fair hearing decision is issued and you are not receiving aid-continuing benefits, please bring this notice with you to your local center (local agency) and ask to speak with a worker from the FH and C section (clients outside of NYC should ask to speak with their worker).
- 9) If you have specific grounds to believe the assigned Administrative Law Judge cannot be impartial in conducting your hearing, you have the right to ask, at the hearing, that a different Administrative Law Judge be assigned.