

Fair Hearing Request Form

Office of Administrative Hearings
P.O. BOX 1930
Albany, NY 12201-1930
Fax:(518) 473-6735

Note: For security purposes, you have 15 minutes to complete this form, otherwise your request will not be received and you will need to start over.

\* Indicates Required Information. Correct and complete information will permit us to promptly process your request.

Case Information

(If fair hearing is for someone other than the case name, describe who it is for in the comments box below.)

Form fields for Case Information: Last Name, First Name, Middle Initial, Street Address, Suite/Floor/Apt#, City, State (NY), Zip Code, Email Address, Phone, Date of Birth, SSN, Case #, Client ID Number (CIN), How many adults in case?, How many children in case?, Upstate County or NYC Center #, Language selection (English), and Homebound status (Yes/No).

(If yes, please explain the client's reason for being homebound in the Comments box below, and mail medical documentation to the above address. Do not delay submitting this fair hearing or obtain medical documentation.) Homebound means the client cannot leave their home or attend an in-person fair hearing.

RESTRICTIONS

Mark the days or times you or your representative cannot participate in a hearing and explain in the comment box below. We will not restrict the scheduling of the hearing unless an explanation is provided.

Restrictions grid with columns for Morning/Afternoon and days Monday through Friday, each with a checkbox.

Representative/Requestor Information

(If there is a representative or you are NOT the person listed above.)

Fill out this section if someone other than the client is filling out this form on the client's behalf.

Form fields for Representative/Requestor Information: Name, Representative Organization, Street Address, Suite/Floor/Apt#, City, State (NY), Zip Code, Phone (include area code, no dashes), Extension (limit 5 numbers), and Email Address.

Enter comments to clarify information on this page including the reason for being homebound, additional mailing addresses, phone numbers and extensions, reason for restrictions, need to expedite hearing, etc. Later, you will have an opportunity to describe the reason you are asking for a fair hearing.

Large text area for comments with a red instruction: 'If you are requesting to have your benefits be continued while you are waiting for your fair hearing decision, write that in this box. If you are in an emergent situation (no house, no food, no heat), ask for an expedited hearing and explain your emergency in this box.'

Number of characters remaining for your description : 500

Enter the name of person filling out this form

Text input field for the name of the person filling out the form.

\* You must choose "My request is about a notice" or "My request is not about a notice" in order to continue.

Two radio button options: 'My request IS about a notice' and 'My request IS NOT about a notice'.

You may add more issues later.

Buttons for 'Clear Page' and 'Quit'.

"A notice" is referring to either a Notice of Intent or Notice of Decision you may or may not have received in the mail.