



**SECOND (DISCRETIONARY) REQUEST FOR A NEW HEARING**

**Must be filed within 2 years of the Default Decision Date**

*Use this form if you are requesting a new hearing for a summons that was **previously granted a new hearing after a default**, and that summons has fallen into default again due to a failure to appear at that new hearing. Note that the Tribunal's rules only allow a second request for a new hearing to be granted if there are exceptional circumstances and in order to avoid injustice.*

Summons Number (*ONE Summons per form*): \_\_\_\_\_

Name of Respondent (*as listed on the summons*):

\_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Date of rescheduled hearing that was missed: \_\_\_\_\_

TLC License No.: \_\_\_\_\_

Print your name: \_\_\_\_\_

**CHECK ONE BOX:**

- I am the Respondent
- I am the Respondent's Attorney
- I am the Respondent's Representative  
(must attach proof of authorization by Respondent)
- The Respondent is a corporation/company and I am an officer, director, or employee designated as a representative (must attach proof of authorization by Respondent)
- I am a Registered Representative. My Representative I.D. # is \_\_\_\_\_.  
(proof of authorization by Respondent has already been submitted)

**NOTE:** The Respondent will be sent the decision by USPS mail. The decision is final.

*If the request is granted, the Respondent will receive a new hearing date and time.*

*If the request is denied, the Respondent must pay all fines owed and may be subject to any other penalty that is provided for by the applicable rules and regulations.*

**PLEASE TURN OVER – BOTH SIDES MUST BE COMPLETED**

RESPONDENT'S MAILING ADDRESS: \_\_\_\_\_  
(PLEASE PRINT) \_\_\_\_\_  
\_\_\_\_\_

Describe in detail the **exceptional circumstances** that prevented you from appearing at the hearing date for a second time.

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

**You must submit documentation where available. Please submit any supporting documentation (for example, medical or travel documents) with this form at the time you make the request. List the documents you are attaching here:**

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

I certify under the penalties of perjury that to the best of my knowledge, all information I included on this form and in the attachments is true.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For further information about OATH, please visit our website at [www.nyc.gov/oath](http://www.nyc.gov/oath)*