

<b>Office of Administrative Hearings (OAH) Procedures Transmittal</b>	<b>Transmittal Number:</b>	03-10
<b>Distribution:</b>	<b>Date:</b>	May 9, 2003
	<b>Page:</b>	1 of 1
	<b>Subject:</b>	Revisions to the OAH-457 Notice of Scheduling
ALB OAH Staff <input checked="" type="checkbox"/> UPS ALJs <input checked="" type="checkbox"/> Upstate LDSS <input checked="" type="checkbox"/>		
	SUP ALJs <input checked="" type="checkbox"/>	
NYC OAH Staff <input checked="" type="checkbox"/> NYC ALJs <input checked="" type="checkbox"/> NYC Agencies <input checked="" type="checkbox"/>		
	SUP ALJs <input checked="" type="checkbox"/>	

The Office of Administrative Hearings has revised the form OAH-457, Notice of Fair Hearing, as follows. The changes will be effective with notices generated on May 7, 2003 for fair hearings scheduled on May 27, 2003. The following details the changes that were implemented:

Changes to the front of the notice:

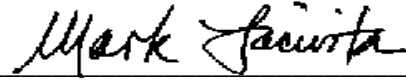
1. The phrase “AND BRING THIS NOTICE TO YOUR HEARING” was added to the phrase beginning “KEEP THIS NOTICE.” The font for the entire sentence was made bold.
2. The font size for information entered in Boxes A, E and H was enlarged and made bold.
3. “ID REQUIRED” and “SECURITY CHECK AT INTAKE” were added to Box F on the version of the OAH-457 used for fair hearings scheduled in New York City.
4. The phrase “If you requested a hearing because the agency has changed your assistance...” in Paragraph 1 was made bold.
5. The suggested adjournment reasons were removed from Paragraph 2.
6. “If you are late, your hearing may have to be adjourned,” was added to Paragraph 3.

Changes to the reverse side of the notice:

1. The word “local” was added to various locations to identify the agency being referred to as the local agency.
2. In the Spanish-language section, the following changes were made:
  - In Instruction 2, “eximinar” was changed to “examinar.”
  - In Instruction 3, “gratis,” the “tilde” accent mark, and “en la vista” were added.
  - In various locations, after “Si la agencia...,” the word “local” was added.

Attached you will find the revised OAH-457. Please note that the distorted letters appearing on the Spanish language version of the Instructions to Parties on the reverse side of the attached notice do not appear on the actual form; it only appears distorted in the Word document.

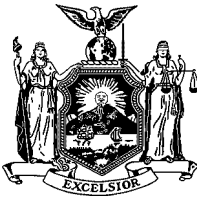
If there are any questions with respect to this transmittal, you may contact your supervisor or Sue Fiehl at (518) 473-4779 or via email [90J029@dfa.state.ny.us](mailto:90J029@dfa.state.ny.us).

Handwritten signature of Mark Lacivita in black ink.

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Mark Lacivita, Director of Administration  
Office of Administrative Hearings

Attachment



OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
 OFICINA DE ASISTENCIA TEMPORERA  
 Y DE INCAPACIDAD

**NOTICE OF FAIR HEARING  
 AVISO DE VISTA IMPARCIAL**

OAH- 457  
 XLOO01 (05/03)

STATE OF NEW YORK  
 ESTADO DE NUEVA YORK

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:  
 Según la Sección 22 de la Ley de Servicios Sociales y respondiendo a su solicitud para una vista imparcial, queremos informarle que su vista se llevará a cabo en el día, la hora y el lugar siguiente:

<b>A</b>	FAIR HEARING NUMBER (NUMERO DE LA VISTA IMPARCIAL)	<b>E</b>	DATE (FECHA)	<b>H</b>	TIME (HORA)
<b>B</b>	AID STATUS (ESTADO DE LA AYUDA)	<b>F</b>	PLACE OF HEARING (LUGAR DE LA VISTA)		
<b>C</b>	REPRESENTATIVE (REPRESENTANTE)	<b>G</b>	AGENCY (AGENCIA)	<b>I</b>	CATEGORY AND CASE NO. (PROGRAMA Y NUMERO DEL CASO)
<b>D</b>	ISSUES (ASUNTOS A DISCUTIRSE)			<b>J</b>	DATE OF HEARING REQUEST (FECHA DE LA SOLICITUD)

**INSTRUCTIONS TO PARTIES**

- 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 directed the agency to continue your assistance, benefits or services unchanged until the fair hearing decision is issued.
- If you are unable to appear at the scheduled time you may request an adjournment by calling

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 telephone 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 15 days of the scheduled date of the hearing, you or your representative request restoration to the calendar and you provide good cause for failing to appear. If you did not receive this notice before the hearing date, your request can be restored to the calendar if you or your representative request restoration within 45 days of the scheduled hearing date and can establish that you did not receive this notice.

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, N.Y. 12201.

I wish to withdraw my request for a fair hearing.

**INSTRUCCIONES A LAS PARTES ENVUELTAS**

- Si usted solicitó una Vista Imparcial porque la agencia cambió su asistencia, beneficios o servicios, usted puede tener derecho a recibir su asistencia, beneficios o servicios sin cambio hasta que se emita la decisión de Vista Imparcial. En este caso el Comisionado Estatal dará instrucciones a la agencia para continuar su asistencia, beneficios o servicios sin cambio hasta que se emita la decisión de Vista Imparcial.
- Si usted no puede comparecer a la hora o el día señalado, puede solicitar que se aplaze su Vista Imparcial llamando al

Se otorgará el aplazamiento de la Vista únicamente por razones válidas por las cuales usted no puede comparecer.

Si usted continúa recibiendo sus beneficios, asistencia o servicios sin cambio durante el proceso de Vista Imparcial y solicita un aplazamiento, su asistencia, beneficios o servicios continuarán sin cambio hasta que se emita la decisión de Vista Imparcial, si el aplazamiento es otorgado. Si usted no comparece o llama por teléfono con una razón válida, su asistencia, beneficios o servicios serán cambiados.

3. Si usted llega tarde, su vista podría ser pospuesta. Si usted o su representante no comparecen a la Vista Imparcial señalada, su solicitud de Vista se considerará abandonada a menos que dentro de 15 días a partir del día que se señale la Vista, usted o su representante soliciten que se vuelva a poner en calendario y que usted provea una razón válida para la no comparecencia. Si usted no recibió esta notificación antes de su Vista, su solicitud puede ser incluida en el calendario nuevamente si usted o su representante solicita que su inclusión dentro de 45 días del día en que la vista fue señalada y demuestra que usted no recibió esta notificación.

4. Si usted desea cancelar la solicitud de Vista, favor de firmar la siguiente declaración y devuelva esta notificación a OTDA, Administrative Hearings, P.O. Box 1930, Albany, N.Y. 12201. Deseo cancelar mi solicitud de Vista Imparcial.

Signature

Date

Firma

Fecha

TURN OVER FOR ADDITIONAL INSTRUCTIONS

VOLTEE PARA INSTRUCCIONES ADICIONALES

**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 call or write the NYS OTDA number or address on the front of this notice.
  - 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 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 documents which the local agency will present at the hearing as well as copies of other documents you need for your hearing at no cost. The documents will not be sent to you unless you make a specific request for them. 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.
- 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).

**INSTRUCCIONES A LAS PARTES ENVUELTAS**

- 1) Traiga a su vista Imparcial lo siguiente: esta notificación; testigos, si alguno; evidencia documental, incluyendo notificaciones que la agencia le haya enviado y que se relacionen con esta solicitud de Vista; libros, expedientes y otra evidencia escrita.
- 2) Usted tiene el derecho de ser representado por un abogado u otro representante, a presentar evidencia documental, a traer testigos y a examinar los testigos y la evidencia de la parte contraria. En la mayoría de los casos, su representante ( si no es un abogado(a)) debe tener autorización escrita a representarle.
- 3) Usted tiene el derecho de tener gratis un interprete de lenguaje o asistencia en la interpretación de comunicación por señas en la vista. Para conseguir un interprete llame o escriba a la dirección al dorso del NYS OTDA.
- 4) La agencia tiene que proveer para la transportación suya, de sus testigos, y representante, así como para el cuidado de niños y otros gastos necesarios relacionados con su presencia en esta Vista. Por favor esta preparado(a) a entregar verificación de estos gastos, incluso verificación medica de su inhabilidad a viajar por transporte publico, a la agencia.
- 5) Para obtener instrucciones sobre como revisar el expediente de su caso, comuníquese con su departamento local de servicios sociales. Aun cuando usted puede examinar su expediente en la Vista, le recomendamos que lo revise antes de la Vista si piensa que la información en su expediente puede serle de ayuda. La Vista no se aplazará para que usted revise su expediente a menos que usted lo solicite con anterioridad. Usted no tiene que solicitar una Vista Imparcial para revisar su expediente. Si le han negado acceso a su expediente o no le han permitido revisarlo indíquelo al juez administrativo.
- 6) Usted tiene derecho, mediante solicitud previa, a obtener, libre de cargos, copias de los documentos que la agencia va a presentar en la Vista, así como copia de otros documentos que usted necesite para la Vista. No se enviarán documentos sin que usted los solicite. Si la agencia no le envía las copias que usted solicito, indíquelo al juez administrativo.
- 7) Para solicitar documentos o información sobre como revisar su expediente, llame o escriba a la agencia local de servicios sociales que hizo la determinación en su caso. Tambien debe llamar o escribir a esa agencia si necesita información adicional sobre su caso, como obtener acceso a su expediente y/o copias adicionales de cualquier documento.
- 8) Si la agencia local ha recibido ordenes de continuar su asistencia, beneficios o servicios sin cambio hasta que se emita la decisión de Vista Imparcial, pero la agencia cambia sus beneficios, lleve la notificación a su centro (agencia local) y pida hablar con un empleado de la sección de FH and C (los clientes que no residen en la ciudad de Nueva York deben hablar con su trabajador).