

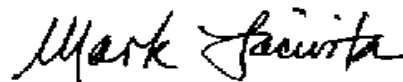
| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------|
| Office of Administrative Hearings (OAH) Procedures Transmittal | Transmittal Number: | 03-12 |
| Distribution: | Date: | May 16, 2003 |
| | Page: | 1 of 1 |
| | Subject: | Change in Date Stamp Format and Placement on Fair Hearing File Folder |
| ALB OAH Staff <input checked="" type="checkbox"/> UPS ALJs <input checked="" type="checkbox"/> Upstate LDSS <input type="checkbox"/> | | |
| | SUP ALJs <input checked="" type="checkbox"/> | |
| NYC OAH Staff <input checked="" type="checkbox"/> NYC ALJs <input checked="" type="checkbox"/> NYC Agencies <input type="checkbox"/> | | |
| | SUP ALJs <input checked="" type="checkbox"/> | |

Please refer to the scanned image of the face of a fair hearing file folder. As of April 29, 2003, there has been a change in the format and placement of the date stamp, which signifies the date of issuance of the decision, on the file folder.

The file folder will no longer be stamped with the format that indicates “Closed Date _____” with the issuance date handwritten on the line. The date of issuance will now be date stamped on the upper right side of the file folder in the uppermost box labeled “Additional Information.”

The new format utilizes an automated date stamp, consisting of a preset date and time of issuance, which updates as the time changes. It is important, therefore, that no notations be made on the file folder in the uppermost Additional Information box, reserving this space for the automated date stamp.

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.



Mark Lacivita, Director of Administration
Office of Administrative Hearings

FH #



04/08/03 09:30 767 FA /DENY/AC

MONR/ / DUE DATE 05/25/03

TAPE # _____ SIDE _____ START _____ END _____

REQ DATE 02/24/03 DEFAULT _____

CHANGE AID TO: _____ AC _____ NA _____ REDIRECT STATUS

INTERPRETER NEEDED

CHECKLIST DECISION
 ALS SOS DECISION
 SOS

ADDITIONAL INFORMATION

2003 MAY -6 PM 12: 50

APPELLANT WITHDRAWAL
 WAVD HEARD
 HADG AGWD
 OADG ADG CODE
 HADD
 QADD

TO: _____ (Date)
ALJ# _____

FOLDER REC'D

55

STATUS

AFFIX SCHEDULING LABEL #5

APPELLANT WITHDRAWAL
 WAVD HEARD
 HADG AGWD
 OADG ADG CODE
 HADD
 QADD

TO: _____ (Date)
ALJ# _____

ADDITIONAL INFORMATION

CHANGE AID STATUS TO: AC N/A REDIRECT

FOLDER REC'D

AFFIX SCHEDULING LABEL #6

APPELLANT WITHDRAWAL
 WAVD HEARD
 HADG AGWD
 OADG ADG CODE
 HADD
 QADD

TO: _____ (Date)
ALJ# _____

ADDITIONAL INFORMATION

CHANGE AID STATUS TO: AC N/A REDIRECT

FOLDER REC'D