



hearing. The Administrative Law Judge may decide to proceed with the hearing without the input of the agency.

Mail via regular mail to:

**Waiver of Appearance Request**  
Office of Administrative Hearings  
NYS Office of Temporary and Disability Assistance (OTDA)  
P.O. Box 1930  
Albany, New York 12201-1930

-or-

Mail via express mail to:

**Waiver of Appearance Request**  
Office of Administrative Hearings  
NYS Office of Temporary and Disability Assistance (OTDA)  
40 North Pearl Street, Floor 15B  
Albany, New York 12243

-or-

Email including the Fair Hearing number in the subject line. Note that packets containing confidential information should be sent via encrypted email to:

[Otda.sm.hearings.waivers@otda.ny.gov](mailto:Otda.sm.hearings.waivers@otda.ny.gov)

-or-

Fax to the attention of **Waiver of Appearance Request** at:

**Fax Number: (518) 473-6735**

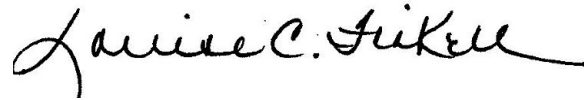
When faxing, please include on the fax transmittal the name of the appellant, the fair hearing number, the date of the hearing, and the number of pages contained in each package to assist in matching the submission to the appropriate fair hearing file.

Any other methods of submission must be approved by the OAH management.

Please note it is the responsibility of the agency to provide a copy of the evidentiary packet to the appellant and/or representative, in addition to that required above, if requested. When the hearing is scheduled as a telephone hearing, since the appellant will not appear, it is essential that the agency mail the appellant and/or representative a copy of the evidence packet prior to the hearing even when not requested by the client. Also, when the agency's representative appears in person, it is essential that two copies of the evidence packet are brought to the hearing, one for the Administrative Law Judge and one for the client.

Questions with respect to individual cases and/or receipt of waiver requests/evidentiary submissions should be addressed to the OAH Liaison desk at 518-474-8787.

If you have any questions with respect to this transmittal, you may contact Victoria A. Fiorino at (518) 473-4717 or via email [victoria.fiorino@otda.ny.gov](mailto:victoria.fiorino@otda.ny.gov).

A handwritten signature in black ink that reads "Louise C. Finkell". The signature is written in a cursive style with a horizontal line extending from the end of the name.

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Louise Finkell, Director of Administration  
Office of Administrative Hearings

SAMPLE WAIVER REQUEST

**Waiver of Appearance Request**

Office of Administrative Hearings  
NYS Office of Temporary & Disability Assistance  
P.O. Box 1930  
Albany, New York 12201-1930

Appellant's Name \_\_\_\_\_  
Fair Hearing Number: \_\_\_\_\_

To Whom It May Concern:

This information is submitted with respect to the above-mentioned fair hearing and is submitted in lieu of appearance at the hearing. A personal appearance is not necessary because \_\_\_\_\_  
\_\_\_\_\_.

In accordance with the requirements contained in 18 NYCRR 358-4.3(c) (1), please consider this as this agency's request to present evidence in the form of written documentation in lieu of appearing at the hearing. Should the content of this document raise issues requiring further elaboration or cross-examination during the course of the hearing, please contact:

\_\_\_\_\_ (name) at \_\_\_\_\_ (telephone number)

-or-

\_\_\_\_\_ (name) at \_\_\_\_\_ (telephone number).

The following should be noted for the record:

(In this section, summarize the agency's position relative to the issue under review at the hearing. Attach all appropriate documentation and submit within the timeframe required for information to be available on the scheduled date of the hearing.)

These facts, as presented, should be of assistance in your review of this case.

Sincerely,