



# OFFICE OF ADMINISTRATIVE HEARINGS REQUEST FOR HEARING

DATE: \_\_\_\_\_  
 TO: Casemanagement@azoah.com  
 FROM: \_\_\_\_\_  
 EMAIL (REQUIRED): \_\_\_\_\_  
 DOCKET NO.: \_\_\_\_\_

CAPTION (REQUIRED)

Hearing Type _____	Date of Request _____	* Purposed Date/Time _____
* The date MUST be within 60 days of an appealable agency action hearing request, or within 60 days of this contested case hearing request <b>UNLESS</b> at least one of the following factors are true: <input type="checkbox"/> All parties agree to a date beyond 60 days <input type="checkbox"/> OAH to set case for intervening prehearing within 60 days <b>BY CHECKING A BOX, THE AGENCY IS CERTIFYING TO THE OAH THAT THE FACTORS ARE TRUE.</b>		

### (REQUIRED) NAME AND ADDRESS

Phone: _____
Email: _____

Phone: _____
Email: _____

Phone: _____
Email: _____

### OAH USE ONLY:

Assigned ALJ: \_\_\_\_\_

ASSIGNED AS	
HEARING	PREHEARING (if applicable)
DATE: _____	DATE: _____
TIME: _____	TIME: _____
LOCATION: _____	LOCATION: _____

SPECIAL ADVISEMENT	
FROM OAH	FROM AGENCY