



OFFICE OF ADMINISTRATIVE HEARINGS

REQUEST FOR HEARING

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

CAPTION (REQUIRED)

Hearing Type	_____	* Purposed Date/Time	_____
Date of Request	_____		
<p>* The date MUST be within 60 days of an appealable agency action hearing request, or within 60 days of this contested case hearing request UNLESS at least one of the following factors are true:</p> <p><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</p> <p>BY CHECKING A BOX, THE AGENCY IS CERTIFYING TO THE OAH THAT THE FACTORS ARE TRUE.</p>			

(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