

Administrative Hearing Request Checklist and Tracking Form (N.J.A.C. 7:1C-9.5)

I. Document Being Appealed (please include document type and NJDEP ID #s):

_____ **Date Document Issued:** _____

II. Person Requesting Hearing:

_____ Name/Company	_____ Name of Attorney (if applicable)
_____ Address	_____ Address
_____ Telephone #	_____ Telephone #

III. Please include the following information as part of your request:

- A. A copy of the Department decision on which a hearing is being requested;
- B. The date the Department decision was received by the person requesting the hearing;
- C. A specific admission, denial, or explanation of each fact appearing in the Department decision, or a statement that the person is without knowledge thereof;
- D. A concise statement of the facts or principles of law asserted to constitute any factual or legal defense;
- E. Where the person submitting the hearing request is not the person to whom the decision that is being contested was issued, evidence that a copy of the hearing request has been mailed or delivered to the person to whom the decision was issued;
- F. An estimate of the time required for the hearing;
- G. A request, if necessary, for a barrier-free hearing location for physically disabled persons; and
- H. This form, completed, signed and dated with all of the information listed above, including attachments, to:

New Jersey Department of Environmental Protection Office of Administrative Hearings and Dispute Resolution Attention: Adjudicatory Hearing Requests Mail Code 401-07A PO Box 402 401 East State Street, 7 th Floor Trenton, NJ 08625-0402	New Jersey Department of Environmental Protection Office of Permit and Project Navigation Attention: Director Mail Code 401-07J PO Box 420 401 East State Street Trenton, NJ 08625-0402
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IV. Signature: _____ Date: _____