



OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Office of the Clerk

Penalty Processing Unit
66 John St., 10th Floor
New York, NY 10038
Telephone: 1-844-OATH-NYC (1-844-628-4692)

FORM TO REQUEST REISSUANCE OF A REFUND CHECK

- Complete this form **in its entirety** to request the reissuance of a stale-dated, lost, stolen or destroyed check that was issued to refund a payment made to OATH.
- This form only applies to a check that was issued to refund a payment made to OATH.
- Submit this form (and, if applicable, the original or a copy of the stale-dated check) in person or by mail to the address above.
- The form **must** be signed and notarized.
- Reissued checks will be made payable to the same payee as on the replaced check.

Information About the Person Completing This Form

Name of Requestor: _____

Requestor's Phone Number: _____ Requestor's email: _____

Address Where Refund Check Will Be Mailed: _____

Information About the Respondent and the Summons/Notice

Name of Respondent: _____

Respondent's Mailing Address: _____

Summons/Notice Number(s) (list additional summons/notice numbers on the back of this form): _____

_____ CAMIS Number (if applicable): _____

Information About the Check (If Known)

Check Number: _____ Check Amount: _____ Check Date: ____/____/____

Brief explanation of why check was not cashed:

Signature and Certification

I, [print your name] _____, certify under penalty of perjury that I am authorized to submit this request and that to the best of my knowledge all of the information I included on this form and in the attachments, if any, is true.

Your Signature: _____ Notary: _____

Date: ____/____/____

FOR OFFICE USE ONLY (Do not write below this line)

Manager: _____

Date received: ____/____/____ Authorized by: _____ Refund: _____