

ADJUDICATORY HEARING REQUEST CHECKLIST AND TRACKING FORM

I. Permit Decision or Other Department Decision Being Appealed:

Issuance Date of Decision Document _____

Document Number (if any) _____

II. Name of Person Requesting Hearing _____

Address _____

Telephone No. _____

e-mail _____

Name of Attorney (if applicable) _____

Address _____

Telephone No. _____

e-mail _____

III. If you are the applicant or permittee, please include the following information with your hearing request:

A. The date you received the permit decision or other decision which you are appealing;

B. A copy of the decision document;

C. The findings of fact and conclusions of law you are appealing;

D. A statement as to whether or not you raised each legal and factual issue during the permit application process;

E. Suggested revised or alternative permit conditions;

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;

H. A clear indication of any willingness to negotiate a settlement with the Department prior to the

Department's processing of your hearing request to the Office of Administrative Law; and

I. This form, completed, signed and dated with all of the information listed above, including attachment, to:

<p>NJDEP OFFICE OF LEGAL AFFAIRS PO Box 402 Mail Code 401-04L 401 East State Street, Floor 7 Trenton, NJ 08625-0402</p>	<p>with a copy to: New Jersey Department of Environmental Protection Division of Land Use Regulation Attention: Director 501 East State Street Mail Code 501-02A PO Box 420 Trenton NJ 08625</p>
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Signature: _____ Date: _____

Name of preparer _____