



**CITY OF YONKERS
ADMINISTRATIVE ADJUDICATION BUREAU
CONSUMER PROTECTION BUREAU
87 NEPPERHAN AVENUE, RM 212
YONKERS, NY 10701-3819
914 - 377 - 6807**

APPEAL INSTRUCTIONS

Please read carefully and follow the instructions exactly. Incomplete filings will not be accepted and will be returned.

If you appeared at a scheduled hearing date or had a Motion to Vacate denied, and were found guilty of any violation(s) by the Administrative Law Judge, you have the right to appeal the decision within **thirty (30) calendar days of the date of the decision.**

You **must** either pay or post a bond in the amount of the decision **before** service of the Notice of Appeal. The receipt must be attached to the Notice prior to service. You must serve the Notice **personally or by certified mail, return receipt requested**, upon the CPB (Consumer Protection Bureau) at 87 Nepperhan Avenue, Rm 212, Yonkers, NY 10701-3819. The Notice of Appeal **must** be accompanied by a non-refundable filing fee of \$10.00 (cash, certified check or money order). **DO NOT SEND CASH THROUGH THE MAIL.**

The attached Notice of Appeal form must be completed in its entirety, stating clearly and concisely, the facts of the case and your defense to the violation(s).

You must submit a copy of your government-issued identification with the completed Notice of Appeal.

You have the right to request an audio CD of your hearing at your own expense.

You will be notified by mail of the date, time and location of the Appeal hearing. You do not have to appear at this hearing, although you may choose to attend by requesting such on the Notice of Appeal. Whether you attend or not, you will be notified of the appeal decision in the mail.

The Appeals Board consists of three Administrative Law Judges other than the original Administrative Law Judge who made the decision you are appealing. The Board reviews the Notice of Appeal you submit, the original filings in the case and the recorded transcript of the original hearing. The Board may not consider any evidence not presented to the Administrative Law Judge in the original hearing and must base their decision on an error of fact or law.

The decision of the Appeals Board of the CPB is the final decision of the Bureau.



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NOTICE OF APPEAL

***IF ANY REQUESTED INFORMATION IS NOT FILLED IN OR ATTACHED, THE FORM WILL BE RETURNED TO YOU.**

TYPE OR PRINT CLEARLY, ANSWERING ALL OF THE FOLLOWING:

I - APPELLANT NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ SOCIAL SECURITY # _____

BUSINESS/ENTITY/CORPORATION/DBA NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ FEDERAL ID # _____

ATTORNEY (IF ANY) _____

II - HEARING TICKET #(S) TO BE APPEALED _____

DATE OF HEARING ____ / ____ / ____ ADMINISTRATIVE LAW JUDGE _____

TOTAL AMOUNT DUE \$ _____ (MUST BE DEPOSITED IN FULL; ATTACH COPY OF RECEIPT).

- III - THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:
1. A COPY OF THE DISPOSITION/DECISION SHEET FROM THE ORIGINAL HEARING.
 2. A COPY OF RECEIPT FOR PAYMENT OR BOND POSTED FOR THE FULL AMOUNT OF THE DECISION.
 3. A COPY OF RECEIPT FOR A NON-REFUNDABLE FILING FEE OF \$10.00 IN CASH, CERTIFIED CHECK OR MONEY ORDER.
 4. A COPY OF THE APPELLANT'S ID.

IV - YOU HAVE THE RIGHT TO REQUEST A RECORDING OF YOUR HEARING AT YOUR OWN EXPENSE. IF YOU ELECT TO DO SO, INDICATE IT IN WRITING BELOW. UPON RECEIPT OF YOUR REQUEST, YOU WILL BE NOTIFIED OF THE COST. PAYMENT IN FULL **MUST** BE RECEIVED PRIOR TO THE TRANSCRIPTION.

SET FORTH, IN A CLEAR AND PRECISE STATEMENT, THE FOLLOWING: 1) THE TYPE(S) OF VIOLATION(S) CHARGED; 2) A STATEMENT OF THE FACTS; 3) INDICATE YOUR DEFENSE TO THE VIOLATION(S) CHARGED; AND, 4) STATE THE REASONS FOR YOUR APPEAL OF THE ORIGINAL DETERMINATION. YOU MAY ATTACH AN ADDITIONAL SHEET IF NECESSARY.

CHECK ONE: () I WISH TO () I DO NOT WISH TO APPEAR IN PERSON AT THE APPEAL HEARING.

I HAVE DEPOSITED THE PRESCRIBED DECISION AMOUNT AND I REST MY CASE FOR APPEAL UPON THE STATEMENTS CONTAINED HEREIN OF THE RECORD OF HEARING. I UNDERSTAND THAT THIS APPLICATION MUST BE RECEIVED IN PERFECTED FORM BY THE YONKERS CONSUMER PROTECTION BUREAU WITHIN THIRTY DAYS OF THE DATE OF MY PRIOR HEARING DECISION/NOTICE OR MY RIGHT OF APPEAL IS WAIVED.

DATED ____ / ____ / ____ SIGNED _____

