

NEW MEXICO ADMINISTRATIVE HEARINGS OFFICE

Mailing: P.O. Box 6400, Santa Fe, NM 87502 | Email: Scheduling.Unit@aho.nm.gov Phone: (505) 827-0358 | Website: www.aho.state.nm.us

10:	Scheduling.Unit@aho.nm.gov
DATE:	
FROM:	
<u>Hearing Ir</u>	<u>nformation</u>
Name:	
Type of Heari	ng:
	REQUEST TO APPEAR REMOTELY
(check one) granted by contact all heard that I request must be recontant extraordinal restance.	at I be permitted appear remotely by telephone/ by videoconference in the matter listed above. I understand that my request may only be order of the Administrative Hearings Office. By making this request, I agree ing participants may appear for the hearing remotely by the same means sted. Under the applicable regulation, I also understand that the request eived at least three (3) business days before the scheduled hearing, absent nary, unforeseen circumstance. If that if this request is granted, I must provide the Administrative Hearings
Office with a before or du	working email address for the exchange of all documentary evidence ring the hearing. Failure to follow the Administrative Hearings Office's for participating in the hearing remotely will be treated as a non-appearance
Signature	
Printed Name Mailing Addre	
Telephone: Email Addres	s: