

Scheduling Information

Name _____

Reg. No. _____

H.C. No. _____ - _____

Email Address of applicant or applicant's attorney: _____

Do you want to supplement the material on the CD?

Yes No If yes, submit the additional material with this form no later than **45 days from the date of the acknowledgement letter unless you have submitted a request for an extension.**

To schedule your hearing, please indicate which method of medical proof you intend to use:

_____ **Medical Records**

_____ **Applicant Physician Testimony and Medical Records****

If you will have a witness(es) at the hearing, please complete the information below.

Name of Medical Expert Witness:

**Dates and Times of Availability in
45 to 90 days in advance:**

****NOTE: If you checked Applicant Physician Testimony and Medical Records, you must submit SPECIFIC DATES AND TIMES THAT YOUR MEDICAL EXPERT WILL TESTIFY. Failure to provide specific dates and times will result in a hearing being scheduled for the sole purpose of making a motion to either dismiss your application or deem your case closed.**

**THIS COMPLETED FORM MUST BE RECEIVED BY THE RETIREMENT SYSTEM
within 45 days of the acknowledgement letter.**

Please return your completed Scheduling Information form to:

New York State and Local Retirement System
Hearing Administration and Matrimonial Bureau
110 State St. MD 7-9a
Albany, NY 12244
Fax: (518) 402-4137