Form OAH – SH2

MOTION FOR RECONSIDERATION FORM

CASE NAME:	
AGENCY CASE NO	OAH CASE NO
	PART 1: MOTION

- 1) Who is making this motion? (party name)
- 2) Why are you requesting reconsideration of the Hearing Officer's Order? (please explain why you believe the Hearing Officer was mistaken about the facts or law in their order, and/or whether you have new facts or law that might change the order)

(Attach additional pages, if needed.)

3) Please attach any exhibits you want the Hearing Officer to consider.

<u>Reminder</u>: The Hearing Officer shall render a written order disposing of this motion; however, this motion is deemed denied if the Hearing Officer does not dispose of it within twenty-one (21) days after you have filed it, or by a different deadline as set by the Hearing Officer.

PART 2: ACKNOWLEDGEMENT & SIGNATURE

Please attach this certificate of service indicating that you have served all individuals with this motion for reconsideration.				
I certify that I will serve a copy of this motion and any exhibits to all parties to the hearing and the hearing officer.				
I am the (check one):	Petitioner	Respondent		
Print Name	/s/ Signature (type or sign)	Date		