

I M P O R T A N T I N S T R U C T I O N S

PETITION FOR RECONSIDERATION

IF YOU WISH TO APPEAL THE AGENT'S DECISION BY HAVING A HEARING, YOU MUST COMPLETE **ALL** OF THE FOLLOWING STEPS:

STEP 1. Nevada law requires that the party requesting a hearing must file a Petition for Reconsideration to show why the Agent's decision should be reversed or modified. Therefore, you **must** write a statement explaining **in detail** why you feel the Agent's decision is wrong.

At the beginning or top of the statement write your name and address, and the name of the opposing party. Also write the case number (the case number and the name of the opposing party are found on the Agent's decision letter).

At the end of the statement, write the date and sign it (see example of statement on back of this page).

STEP 2. Make two copies of the statement.

STEP 3. By first class U. S. mail, send a copy of your completed statement to the opposing party. A certificate of service must be provided to the Hearing Examiner to show proof of mailing. This must be received by the opposing party within 20 days of the date of the certificate of service of the Agent's decision letter.

STEP 4. By first class U. S. mail, send your original completed and signed statement and certificate of service to: Nevada Gaming Control Board, Office of the Hearing Examiner, 555 East Washington Avenue, Suite 2600, Las Vegas, Nevada 89101.

IMPORTANT NOTE:

YOUR COMPLETED STATEMENT MUST BE **RECEIVED** IN THE HEARING EXAMINER'S OFFICE WITHIN 20 DAYS OF THE DATE OF THE CERTIFICATE OF SERVICE OF THE AGENT'S DECISION LETTER.

STEP 5. Retain a copy of the completed statement for your records.

Upon receipt of your completed statement, the Hearing Examiner's Office will notify you of the time and place of the hearing, and inform you of any additional rules regarding the hearing.

Please contact the Hearing Examiner's Office in Las Vegas at (702) 486-2000, if you have any questions regarding the above.

I M P O R T A N T I N S T R U C T I O N S

PETITION FOR RECONSIDERATION

PETITIONER (You are the Petitioner, the party requesting the hearing.)

_____ Mr. John Doe _____)
_____)
_____)
_____ 111 Main Street _____)
(Address) _____)
_____)
_____ Any Place, NV 89000 _____)
(City, State, Zip)

sample

Case #01-1234-LV

vs.

RESPONDENT (Opposing Party)

_____ Ghost Town Casino _____)
_____)
_____)
_____ 777 11th Street _____)
(Address) _____)
_____)
_____ Las Vegas, NV 89001 _____)
(City, State, Zip)

Statement of Facts (Please print or type)

Detail your reasons why the Agent's decision should be reversed or modified.

sample

_____ *John Doe* _____
Signature

_____ 3/6/01 _____
Date