



**NEW YORK STATE**  
Unified Court System

**APPLICATION FOR APPOINTMENT  
AS SMALL CLAIMS ASSESSMENT  
REVIEW HEARING OFFICER**

Form # UCS 907, Revised 2016

I, (full name) \_\_\_\_\_ hereby apply to be appointed as a Small Claims Assessment Review Hearing Officer pursuant to Section 731 of the Real Property Tax Law and Section 202.58 of the Uniform Civil Rules for the Supreme Court in the following counties: \_\_\_\_\_

Home Address: \_\_\_\_\_

City State Zip Code

Telephone: \_\_\_\_\_  
Home Business Cell

Email: \_\_\_\_\_

1. Are you a citizen of the United States?  Yes  No  
If you answered "No", do you have a legal right to work in the United States?  Yes  No

2. Are you currently a SCAR Hearing Officer in any other county/counties?  Yes  No  
If "Yes", please list the county/counties \_\_\_\_\_

**If you answer "Yes" to questions 3 through 8, please provide details on Page 3.**

3. Have you ever been removed as a SCAR Hearing Officer?  Yes  No

4. Have you ever been disciplined by, or are there charges presently pending before, any agency authorized to bring disciplinary proceedings related to the practice of any profession?  Yes  No

5. Except for minor traffic offenses and adjudication as a youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of a misdemeanor or felony?  Yes  No

6. Do you have any criminal charges pending against you?  Yes  No

7. Have you ever been dismissed from any employment?  Yes  No

8. Have you ever received a discharge from the Armed Forces that was other than honorable?  Yes  No

9. Are you an attorney? **If you are not an attorney please proceed to question 10.**  Yes  No

a. Provide the date and Judicial Department of admission to the New York State Bar:

\_\_\_\_\_ Date Department

b. Are you registered with the New York State Office of Court Administration pursuant to Section 468-a of the Judiciary Law?

If "Yes", provide your Registration Number: \_\_\_\_\_

10. Are you currently a Licensed Real Estate Broker?  Yes  No

If "Yes", provide your Registration Number: \_\_\_\_\_

11. Do you have Assessing or Appraising Qualifications?  Yes  No  
If you answer "No", please proceed to question 13.

If "Yes" please provide the following information:

- a. Course title and description: \_\_\_\_\_
- b. Date(s) and location: \_\_\_\_\_
- c. Agency, organization or college: \_\_\_\_\_
- d. Certification title and date: \_\_\_\_\_

12. Do you currently represent homeowners in administrative reviews before the Board of Assessment Review, the Assessment Review Commission and/or in SCAR proceedings?  Yes  No

If "Yes", please list the county/counties in which you provide this service.

\_\_\_\_\_  Yes  No  
Do you intend to discontinue such positions(s) should you be appointed as a SCAR Hearing Officer? If you answer "No", please provide details on page 3.

13. Are you currently an Assessor or member of the Board of Assessment Review Commission.  Yes  No

If "Yes", please list the county/counties in which you provide this service.

\_\_\_\_\_  Yes  No  
Do you intend to discontinue such positions(s) should you be appointed as a SCAR Hearing Officer? If you answer "No", please provide details on page 3.

14. Have you ever been a party in a SCAR proceeding in the Counties you wish to serve?  Yes  No

If yes, please specify the County(ies) \_\_\_\_\_

a. Did you use the services of a Representative?  Yes  No

If yes, please provide the name of Representative(s) \_\_\_\_\_

b. When was each representative retained? \_\_\_\_\_

### Current Employment

15. Provide the name, address and telephone number of your current employer.

\_\_\_\_\_  
\_\_\_\_\_

16. Please attach your current resume.

I AFFIRM THAT THE STATEMENTS MADE ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPER) ARE TRUE. [False statements made in this application are punishable under Penal Law (Section 210.45) and may result in your disqualification.]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED APPLICATION AND YOUR RESUME TO:**  
Elizabeth Hooks, Small Claims Assessment Review Program,  
NYS Unified Court System, Office of Court Administration  
25 Beaver Street, 11th floor, New York, N.Y. 10004

**ADDITIONAL DETAILS**

If you answered "Yes" to any question that requires additional details, please provide those details here.  
Attach additional sheets if necessary.