



**NEW YORK STATE  
Unified Court System**

**Application for Appointment as  
Small Claims Assessment  
Review Hearing Officer**

I, (full name) \_\_\_\_\_ hereby apply to be appointed as a  
FIRST MIDDLE LAST  
**Small Claims Assessment Review ("SCAR") 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 and County Court.**

**HOME ADDRESS:** \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP CODE

**TELEPHONE:** ( ) ( ) ( )  
HOME BUSINESS CELL

**EMAIL:** \_\_\_\_\_

1. **CITIZENSHIP: Are you a citizen of the United States?**  Yes  No  
**IF NO, do you have a legal right to work in the United States?**  Yes  No

2. **ANSWER QUESTIONS BY PLACING "X" IN THE APPROPRIATE BOX.**

- I  **HAVE** /  **DO NOT CURRENTLY HAVE** a *physical, mental or medical impairment that would interfere with my ability to serve as a hearing officer.*
- I  **HAVE** /  **HAVE NEVER** been dismissed from any employment for reasons other than lack of work or funds. (If yes, describe in detail on a separate sheet)

**Except for minor traffic offenses and adjudication as a youthful offender, wayward minor or juvenile delinquent:**

- I  **HAVE** /  **HAVE NEVER** been convicted of an offense against the law. (If yes, describe in detail on a separate sheet)
- I  **HAVE** /  **DO NOT HAVE** any criminal charges pending against me.
- I  **AM** /  **AM NOT CURRENTLY** a SCAR Hearing Officer in another county. If yes, please indicate county \_\_\_\_\_
- I  **HAVE** /  **HAVE NEVER** been removed as a SCAR Hearing Officer.

3. **QUALIFICATIONS:** *Please indicate which of the following requirements you meet, and attach a copy of your certificate or diploma:*

A. *If an attorney, indicate date and department of admission:* \_\_\_\_\_  
DATE DEPARTMENT

B. *If an attorney, are you registered with the Office of Court Administration pursuant to section 468-a of the Judiciary Law?*  Yes  No *Registration No:* \_\_\_\_\_

C. *Licensed Real Estate Broker*  Yes  No *Registration No:* \_\_\_\_\_

D. *Assessing or Appraising Qualifications:*  Yes  No  
*(add additional pages if more space is needed)*

I. *Course title and description:* \_\_\_\_\_

II. *Date(s) and location:* \_\_\_\_\_

III. *Agency, organization or college:* \_\_\_\_\_

IV. *Certification title and date:* \_\_\_\_\_

E. *Indicate whether you currently represent homeowners in administrative reviews before the Board of Assessment Review, the Assessment Review Commission and/or SCAR proceedings.*  
 Yes  No

*IF YES, is it your plan to discontinue such position(s) should you be appointed as a SCAR Hearing officer?*  
 Yes  No

F. *Indicate whether you are currently an assessor and/or member of the Board of Assessment or the Assessment Review Commission.*  
 Yes  No

*IF YES, is it your plan to discontinue such position(s) should you be appointed as a SCAR Hearing officer?*  
 Yes  No

4. **CURRENT EMPLOYMENT:** *Enter the employer's information (name, address and telephone number):*

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

5. **REMARKS:** *(add additional pages if more space is needed):* \_\_\_\_\_

\_\_\_\_\_

6. *Please indicate the county(ies) in which you wish to serve:* \_\_\_\_\_

\_\_\_\_\_

**I AFFIRM THAT THE STATEMENTS MADE ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS) ARE TRUE. FALSE STATEMENTS MADE IN THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW (SECTION 210.45)**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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