



CNMI DEPARTMENT OF LABOR

ADMINISTRATIVE
HEARING OFFICE

1357 Mednilla Ave., Capitol Hill; PO Box 10000, Saipan MP, 96950 (670) 664-3291/2 hearing@dol.gov.mp www.marianaslabor.net

ANSWER FORM

Instructions: If a labor complaint has been filed against your company, you may use this form to file a response. If you need additional space, you may attach a separate sheet. You are not required to submit a response to the Complaint and there are no negative inferences drawn from failing to submit a response. However, a response would be helpful in updating contact information, clarifying your position, and streamlining investigations. If you choose to submit a response, the response is due within ten calendar days after you were served with the complaint.

Case Name: _____ Case #: _____

A. EMPLOYER CONTACT AND INFORMATION

Name of Business Establishment:	Name of Business Owner:
Company Mailing Address:	Company Location / Worksite
Authorized Representative or point of contact to participate in the administrative proceedings: Name(s): _____ Title(s), if any: _____ Preferred Phone Number(s): _____ Preferred E-mail Address(es): _____ Preferred Mailing Address(es): _____	
Legal Counsel, if any: Name(s) / Law Office: _____ Preferred Phone Number(s): _____ Preferred E-mail Address(es): _____ Preferred Mailing Address(es): _____	

Note: The information provided on this form will be used for executing service of process. Please be accurate and update contact information as necessary.

B. EMPLOYER ADMISSIONS

State any particular information from the complaint that is not contested. If you need additional space, you may attach a supplementary statement.

C. EMPLOYER DENIALS

State any particular information from the complaint that is contested, inaccurate or incomplete. If you need additional space, you may attach a supplementary statement. You may also attach exhibits or other evidence to support your position.

D. CERTIFICATION & SIGNATURE

I certify that the information provided with this Answer is true and accurate to the best of my knowledge. I further certify that there is no frivolous or improper reason for filing, including but not limited to, delay or harassment. I understand that the Answer and attached documents become a public record and will be used in legal proceedings within the Department of Labor. I understand that I may be contacted by the Department and will be required to participate in the administrative proceedings and may be subject to additional investigation.

Respondent Name / Signature

Date

This space is for internal use only

Documents attached w/ Complaint:

- Additional Statement
- Employment Contract
- Employee Handbook
- Time sheets/ Pay stubs
- Job Vacancy Announcement
- Employer Notices or Correspondence
- Other Supporting Documents