

Respondent/Representative  
Name and Contact Info (mailing address & e-mail) for Service of Process



**Commonwealth of the Northern Mariana Islands**  
**Department of Labor**  
**Administrative Hearing Office**



Building # 1357 Capitol Hill, Caller Box 10007, Saipan MP 96950  
Telephone No.: (670) 664-3291/3292/3293; Fax No.: (670) 664-3194  
Web: www.marianaslabor.net; E-mail: hearing@dol.gov.mp

In Re Matter of:

Labor Case No. \_\_\_\_\_

\_\_\_\_\_  
Complainant,

v.

\_\_\_\_\_  
Respondent.

**ANSWER**

Instructions: Pro se respondents may use the following form to provide any of the below-mentioned statements and/or decline to submit a response. While a response to a complaint is not required, it can be helpful to providing clarifying information, admitting/denying allegations, asserting defenses, and streamlining investigations. In the event a response is made, "it shall be served on the Administrative Hearing Office and the complainant within ten calendar days after service of the complaint." NMIAC § 80-20.1-475(b).

1. State any admissions of the allegations in the complaint, if any.

2. State any denials of the allegations in the complaint, if any. If you need additional space, attach a supplementary statement or affidavit. You may attach exhibits, such as, copies of job vacancy announcements, position descriptions, employee contracts, timesheets or paystubs, as applicable.

3. State and explain the basis for affirmative defense(s) or counterclaim(s), if any. If you need additional space, you may attach a supplementary statement, affidavits, or exhibits to support your defense(s).

---

*I certify that sufficient basis for the above allegations exist. I certify that the information I have provided in and with this Response Form is true to the best of my knowledge and belief. I further certify that there is no frivolous or improper basis for this filing.*

*I understand that the above-stated information will serve as the basis for initiating administrative procedures regarding the subject of the complaint. I understand that I may be contacted by the Department of Labor for the purpose of providing further information or documents to substantiate the above-stated allegations, and I may be called to participate in a mediation, investigation, administrative hearing or other legal proceeding.*

Respondent Signature (Print and Sign)

Date