



OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Trials Division

INTAKE SHEET

PLEASE COMPLETE ALL SECTIONS AND SUBMIT THIS FORM TO THE CALENDAR UNIT WITH THE PETITION EMAIL TO: OATHCAL@OATH.NYC.GOV OR (FAX 212-933-3079). CALENDAR DATES WILL BE CONFIRMED AFTER THIS FORM IS FILED.

CASE INFORMATION

Civil Serv. Law: § 71 § 72 § 73 § 75 § 210 Contract: § 324 CDRB Conflicts of Interest BIC
 Labor Law Loft Law Padlock Law License/Regulatory (specify rule or law): _____
Other (specify): _____

Parties: If more than one party on either side, please provide additional identifying information for each on separate sheet.

Petitioner: _____
Appearing by: _____
Address: _____
Phone: _____ Fax: _____
EMail Address: _____
Respondent: _____
Address: _____
Phone: _____ Fax: _____

Date petition or initiating papers served: _____ Service was by: personal mail both
Was a pre-trial suspension or similar pre-trial action imposed? Yes No If so, date: _____

CALENDAR INFORMATION

OATH'S RULES ENCOURAGE SELECTION OF TRIAL AND CONFERENCE DATES BY ALL PARTIES JOINTLY. IN THE EVENT OF EX PARTE SCHEDULING, OATH'S RULES REQUIRE SERVICE OF THE NOTICE ON ALL OTHER PARTIES WITHIN ONE BUSINESS DAY (48 RCNY § 1-26(D)).

Have you identified opposing counsel or representative? Yes No If so, please provide:
Name: _____
Address: _____
Phone: _____ Fax: _____
E Mail Address: _____

Have you consulted with opposing counsel, representatives or unrepresented parties about available dates? Yes No
If so, list mutually available dates: _____

Select calendar options: Conference Calendar Trial Calendar Open Status - please attach statement why Open Status is requested. If you require expedited calendar dates, please complete Calendar Preference Application on other side.

Has this case been filed at OATH before? Yes No If yes, so, please attach statement of reasons for refiling.

Please estimate the number of witnesses for each side: Pet'r. : _____ Resp. : _____ Number of days for trial: _____

Intake sheet filed by: _____ Phone: _____ Fax: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

OATH CALENDAR ACTION

THE FOLLOWING CALENDAR ACTIONS ARE CONFIRMED BY _____:

Assigned Calendar Date(s): _____ Index No.: _____ ALJ: _____

Comments: _____



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APPLICATION FOR CALENDAR PREFERENCE

THIS FORM IS TO BE COMPLETED AND FILED WITH THE OATH INTAKE SHEET WHEN REQUESTING CALENDAR DATES ON AN EXPEDITED BASIS. EXPEDITED CALENDAR DATES ARE USUALLY SET ON LESS THAN TWO WEEKS' NOTICE. PLEASE COMPLETE ALL SECTIONS AND SUBMIT TO THE CALENDAR UNIT (FAX 212-933-3079).

Parties:

Petitioner: _____ Respondent: _____

Calendar date(s) requested: _____

Reasons for calendar preference: Suspension or other pre-trial action noted on Intake Sheet Legally required (specify provision): _____ Other, specify: _____

If this application is filed more than two business days after pre-trial action, please state reasons for delay in filing:

Will expedited treatment of other phases of the case be requested? Yes No

Name of applicant for calendar preference: _____ Date: _____

Phone: _____ Fax: _____

DO NOT WRITE BELOW THIS LINE

First dates offered: _____

Dates accepted: _____

Reasons for declining first offered dates: _____

Action on Application: Grant Deny More Information Needed

Reason: _____

Application Reviewed by: _____ Date: _____

Comments: _____