OATH INTAKE SHEET

PLEASE COMPLETE ALL SECTIONS AND SUBMIT WITH THE PETITION AND PROOF OF SERVICE

E.MAIL TO: OATHCAL@OATH.NYC.GOV OR (FAX 212-442-8910). CALENDAR DATES WILL BE CONFIRMED AFTER THIS FORM IS FILED.

CASE INFORMATION

CIVIL SERV. LAW: ☐§ 71 ☐§ 72 ☐§ 73 ☐§ 75 ☐§ 210 **CONTRACT**: ☐§ 324 ☐§ 335 **CONFLICTS OF INTEREST** ☐

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: _____

E MAIL 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: _____

Revised 03/08

APPLICATION FOR OATH 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 212-442-8910).

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: _____

_____

_____