



# 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](mailto: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: \_\_\_\_\_



# OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

*Trials Division*

---

## 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: \_\_\_\_\_