



DEPARTMENT OF CONSUMER AND  
WORKER PROTECTION (DCWP)  
42 Broadway  
New York, NY 10004

Dial 311 (212-NEW-YORK)  
nyc.gov/dcwp

## Written Argument Form – Recommended Decision

The Department of Consumer and Worker Protection (DCWP) may affirm, reverse, or modify a Recommended Decision issued by the Office of Administrative Trials and Hearings (OATH) in a Final Decision. You have the right to submit a written argument why DCWP should or should not follow OATH’s Recommended Decision.

### Important:

- **You must use this form to submit a written argument.**
- Your written argument should rely only on facts and evidence that were used at the hearing. DCWP will not consider new facts or evidence.
- DCWP must receive your Written Argument Form within 30 days of the date of OATH’s Recommended Decision.
- DCWP will issue a Final Decision no sooner than 60 days after the Recommended Decision is issued by OATH.
- If you list a Representative, DCWP will mail the Final Decision to the Representative at the Representative’s address. If you do not list a Representative, DCWP will mail the Final Decision to your (Respondent) address on this form.
- If you disagree with DCWP’s Final Decision, you have the right to appeal by filing an Article 78 proceeding in New York State Supreme Court. More information about Article 78 proceedings can be found on the New York State Supreme Court website at nycourts.gov.

### Submission:

You can submit your Written Argument Form in ONE of three ways:

1. Email the completed form to [RecommendedDecisions@dcwp.nyc.gov](mailto:RecommendedDecisions@dcwp.nyc.gov). **Make sure to include the Summons/Notice Number in the Subject line of your email.** OR
2. Mail the completed form to: Department of Consumer and Worker Protection, Attn: General Counsel’s Office Recommendation Review Team, 42 Broadway, 8th Floor, New York, NY 10004. OR
3. Bring the completed form to the address above.

Summons/Notice Number:			
Respondent Information		Representative Information	
Name:		Name:	
Mailing Address:		Mailing Address:	
City / State / ZIP Code:		City / State / ZIP Code:	
Telephone Number:		Telephone Number:	
Email Address:		Email Address:	
		Relationship to Respondent:	

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